

Designated for electronic publication only

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

No. 18-5157

CASEL F. LUCAS, APPELLANT,

v.

ROBERT L. WILKIE,
SECRETARY OF VETERANS AFFAIRS, APPELLEE.

Before GREENBERG, *Judge*.

MEMORANDUM DECISION

*Note: Pursuant to U.S. Vet. App. R. 30(a),
this action may not be cited as precedent.*

GREENBERG, *Judge*: Gulf War veteran Casel F. Lucas appeals through counsel that part of a June 14, 2018, Board of Veterans' Appeals decision that denied service connection for arthritis of the left elbow, a right elbow strain, bilateral ankle strains, chronic fatigue syndrome (CFS), a sleep disorder, genitourinary problems, and impotence.¹ Record (R.) at 4-18. The appellant argues that the Board (1) erred by relying on an inadequate March 2011 examination; (2) failed to address whether his left elbow arthritis entitled him to service connection based on a continuity of symptomatology; and (3) failed to address whether his undiagnosed symptoms of fatigue, sleep impairment, abdominal discomfort, and genitourinary problems entitled him to direct service connection. Appellant's Brief at 14-28. The Secretary concedes that remand is warranted to determine whether Mr. Lucas is entitled to presumptive service connection under 38 C.F.R. § 3.317

¹ The Board also found that the veteran was entitled to service connection for a right fifth finger condition, a left fifth finger condition, recurrent respiratory infections, GERD, and headaches. The Court will not disturb these favorable findings. *See Medrano v. Nicholson*, 21 Vet.App. 165, 170 (2007). Additionally, the Board remanded the issues of entitlement to service connection for a right knee condition and an increased rating for post-traumatic stress disorder (PTSD). These matters are not currently before the Court. *See Hampton v. Gober*, 10 Vet.App. 481, 482 (1997). Lastly, the Board also determined that the veteran was not entitled to service connection for ALS and that he voluntarily withdrew a claim related to an earlier effective date for PTSD. The appellant presents no argument as to these matters and the Court deems them abandoned. *See Pederson v. McDonald*, 27 Vet.App. 276, 285 (2015) (en banc) (holding that, where an appellant abandons an issue or claim, the Court will not address it).

(2019) for his abdominal discomfort, genitourinary symptoms, and impotence; but he argues that the rest of the decision on appeal should be affirmed. Secretary's Brief at 9-23. For the following reasons, the Court will set that part of the June 2018 Board decision on appeal aside and remand the matters for readjudication.

Justice Alito noted in *Henderson v. Shinseki* that our Court's scope of review in this appeal is "similar to that of an Article III court reviewing agency action under the Administrative Procedure Act, 5 U.S.C. § 706." 562 U.S. 428, 432 n.2 (2011); *see* 38 U.S.C. § 7261. The creation of a special court solely for veterans, and other specified relations such as their widows, is consistent with congressional intent as old as the Republic. *See Hayburn's Case*, 2 U.S. (2 Dall.) 409, 410 n., 1 L. Ed. 436 (1792) ("[T]he objects of this act are exceedingly benevolent, and do real honor to the humanity and justice of Congress."). "The Court may hear cases by judges sitting alone or in panels, as determined pursuant to procedures established by the Court." 38 U.S.C. § 7254. Accordingly, the statutory command of Congress that a single judge may issue a binding decision, pursuant to procedures established by the Court, is "unambiguous, unequivocal, and unlimited." *Conroy v. Aniskoff*, 507 U.S. 511, 514 (1993); *see generally Frankel v. Derwinski*, 1 Vet.App. 23, 25-26 (1990).

From the beginning of the Republic, statutory construction concerning congressional promises to veterans has been of great concern. "By the act concerning invalids, passed in June, 1794, vol. 3. p. 112, the secretary at war is ordered to place on the pension list, all persons whose names are contained in a report previously made by him to congress. If he should refuse to do so, would the wounded veteran be without remedy? Is it to be contended that where the law, in precise terms, directs the performance of an act, in which an individual is interested, the law is incapable of securing obedience to its mandate? Is it on account of the character of the person against whom the complaint is made? Is it to be contended that the heads of departments are not amenable to the laws of their country?" *Marbury v. Madison*, 5 U.S. 137, 164, 2 L. Ed. 60, 69 (1803).

The appellant served on active duty in the U.S. Army from March 1988 to March 1992 as a rifleman. R. at 27 (DD Form 214). The veteran was awarded numerous medals during service, including a Southwest Asia service medal with two bronze stars. *Id.*

In August 2010, the veteran filed a claim seeking service connection for joint pain in his bilateral ankles and bilateral elbows, chronic fatigue, a sleep disorder, and genitourinary issues to

include impotence. R. at 1243-56. In a September 2010 statement in support of his claim, the veteran explained that he had experienced these conditions since service. R. at 1166-77.

In March 2011, Mr. Lucas attended a VA examination for his claimed conditions. R. at 958-86. The VA examiner noted that the veteran complained of "unspecified joint pain . . . since 1990 . . . due to wear and tear" in his bilateral ankles and bilateral elbows. R. at 979. The examiner diagnosed the veteran with bilateral elbow strain and bilateral ankle strain. R. at 985. The examiner explained that because strains are diseases "with a clear and specific etiology and diagnosis" that are caused by "injury or overuse," the condition was not related to service because "there are no records of evaluation or treatment for . . . strain[s] during active duty or since active duty." R. at 985.

Additionally, the March 2011 examiner reviewed Mr. Lucas's complaints regarding fatigue and determined that there was "no pathology to render a diagnosis" for chronic fatigue syndrome because 6 of the 10 criteria required for a CFS diagnosis had not been met. R. at 978. Further, the examiner noted that she had reviewed whether any other clinical condition could explain the veteran's fatigue symptoms, but did not link the condition to any other known pathology. *Id.* Lastly, the examiner did not provide a diagnosis for the veteran's sleep disturbances, abdominal discomfort with flatulence, genitourinary issues, or impotence because she concluded that there was "no pathology to render a diagnosis" for these conditions. R. at 971-72.

In April 2011, the March 2011 examiner provided an addendum opinion related to x-rays R. at 948. After reviewing the x-rays, the examiner diagnosed Mr. Lucas with arthritis in his left elbow, but opined that the condition was likely not related to service. *Id.* The examiner also noted that the remaining joints were normal. *Id.*

In June 2018, the Board issued a decision denying service connection for arthritis of the left elbow, right elbow strain, bilateral ankle strains, CFS, a sleep disorder, genitourinary problems, and impotence. R. at 4-18. The Board relied on the March 2011 examination to deny the bilateral ankle, bilateral elbow, sleep disorder, and CFS claims. R. at 11-15. The Board also found that the conditions related to the appellant's joint pain, and fatigue did not entitle him to service connection for a medically unexplained chronic multi symptom illness (MUCMI) under 38 C.F.R. § 3.317. R. at 9-11. The Board did not discuss, however, whether the appellant's genitourinary problems or impotence entitled him to presumptive service connection for a MUCMI, nor did the Board address

the abdominal discomfort with flatulence discussed in the March 2011 examination report. *See* R. at 4-18. This appeal ensued.

The Court agrees with the Secretary that a remand is required for the Board to address whether 38 C.F.R. § 3.317 allows for service connection for the appellant's genitourinary problems and impotence. Appellee's Brief at 9-12. Further, the Court agrees with the Secretary's concession that the Board failed to discuss service connection for the appellant's abdominal discomfort with related flatulence, to include whether the condition can be granted presumptive service connection under 38 C.F.R. § 3.317. *Id.* Because the examinations of record failed to provide a diagnosis or medical explanation for the genitourinary and abdominal symptoms and impotence, the Board was required to address whether these signs or symptoms allow for presumptive service connection under 38 C.F.R. § 3.317.

The Court also concludes that the Board erred in relying on an inadequate March 2011 VA examination, and its accompanying April 2011 addendum, to deny service connection for a MUCMI. *Hicks v. Brown*, 8 Vet.App. 417, 421 (1995) (the Board's reliance on an inadequate medical examination frustrates judicial review and requires remand). The March 2011 examiner's failure to explain the etiology of Mr. Lucas's unspecified joint pain renders the examination inadequate as to whether the veteran suffers from a MUCMI. *Stewart v. Wilkie*, 30 Vet.App. 383, 389 (2020) (holding that under 38 C.F.R. § 3.317, "an illness is a MUCMI where either etiology or pathophysiology of the illness is inconclusive").

In the March 2011 VA examination and accompanying April 2011 addendum, the examiner stated that the appellant's unspecified joint pains were caused by strains and arthritis. R. at 948, 985. The examiner reasoned that because both arthritis and strains had a specific etiology and diagnosis, the conditions, and thus the related joint pain, could not be related to service. R. at 979, 985. However, the examiner neither provided a "specific etiology" for the conditions nor discounted the lay evidence providing a possible etiology; instead, the examiner provided only these conditions' pathophysiology. Therefore, without some explanation regarding the specific etiology of these conditions, it is unclear why the Board deemed this examination supportive of its denial of service connection as a MUCMI. Yet, the examiner did not explain how finding all joints, but the left elbow, normal in April 2011 evidenced that the appellant's current symptoms were related to strains and arthritis; to the contrary, this unexplained joint pain would appear to meet the criteria for a symptom of a MUCMI. R. at 10; *see* 38 C.F.R. § 3.317 (2019) (providing that

veterans who served during the Persian Gulf war are entitled to presumptive service connection for "a medically unexplained chronic multisymptom illness that is defined by a cluster of signs or symptoms"); *see also Stewart* 30 Vet.App. at 389.

Further, the Court determines that the Board erred by not considering whether the appellant's sleep disturbances and fatigue entitled him to service connection for a MUCMI. R. at 10-11; 38 § C.F.R. 3.317. This is especially troubling given that the Board noted that fatigue and sleep disturbances are signs of a MUCMI, R. at 10, and the March 2011 VA examiner's admission that she could not provide a diagnosis related to fatigue or sleep disturbances. R. at 976-78. Remand is therefore warranted for the Board to adequately address whether presumptive service connection is warranted for these undiagnosable conditions.

The Court is troubled by the Board's cursory discussion regarding a MUCMI. Given that *all* the claims on appeal involved undiagnosable conditions, or unexplained signs or symptoms, it is unclear why the appellant should not be service connected for a MUCMI. On remand the Board's consideration of the MUCMI issue must include a holistic review of *all* the appellant's undiagnosable conditions or unexplained signs or symptoms. *See* 38 C.F.R. § 3.317.

Lastly, the Court agrees with the appellant that the Board should have discussed whether the veteran's left elbow arthritis entitled him to service connection on the basis of a continuity of symptomatology. *See* 38 C.F.R. § 3.303(b) (2019). The appellant stated that the symptoms associated with his left elbow arthritis have persisted since service, yet the Board failed to address this evidence or determine whether the veteran may be entitled to service connection based on continued symptoms. *See Id.* On remand the Board should also address whether this evidence warrants service connection for left elbow arthritis.

This matter is to be provided expeditious treatment. *See* 38 U.S.C. § 7112; *see also Hayburn's Case*, 2 U.S. (2 Dall.) at 410, n. ("[M]any unfortunate and meritorious [veterans], whom Congress have justly thought proper objects of immediate relief, may suffer great distress, even by a short delay, and may be utterly ruined, by a long one.").

For the foregoing reason, that part of the June 14, 2018, Board decision on appeal is SET ASIDE and those matters are REMANDED for readjudication.

DATED: March 31, 2020

Copies to:

Karen P. Galla, Esq.

VA General Counsel (027)



COMMONWEALTH OF VIRGINIA

Department of Corrections

Gregory L. Holloway
Regional Operations Chief

Division of Operations
Eastern Region

14545 Old Belfield Road
Capron, VA 23829
(434) 658-4368

July 2, 2020

C. Lucas 1080673
Haynesville Correctional Center
P.O. Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

Although your concerns are appreciated and noted, there was no evidence enclosed to support the proper utilization of the *Offender Grievance Procedure (OP 866.1)*. In addition, HCC-20-REG-00046 is due a response to you on July 5, 2020. Please note the below information which you can use as guidance when attempting to have your issues addressed via the grievance procedure.

Before a grievance issue can be reviewed outside the institutional level, an exhaustion of that level must be demonstrated which begins with the submission of an informal complaint. If the staff fails to respond, you can still choose to submit your regular grievance to the Institutional Ombudsman by attaching the complaint form and/or receipt with the grievance. If staff determines that your *grievance* does not meet the intake criteria, you can *then* forward the package to this office for appeal review. If no receipt was issued to you within two working days, then you are advised to speak with your Unit Manager either in person or via request form so that he/she can inquire into the status of your document(s). Please utilize the procedure designed to investigate and bring resolution to grievable matters. With only a few exceptions, remember grievances must be filed within thirty days from date of occurrence of the alleged incident.

If you have questions regarding filing procedure, you may direct them to the Grievance staff at your facility and/or refer to OP 866.1.

Sincerely

A handwritten signature in black ink, appearing to read "K. Cosby".

K. Cosby, Regional Ombudsman
Eastern Regional Office

/kwc



BOARD OF VETERANS' APPEALS

DEPARTMENT OF VETERANS AFFAIRS

IN THE APPEAL OF
CASEL F. LUCAS
REPRESENTED BY
Virginia Department of Veterans Services

SS 24 [REDACTED]
Docket No. 13-22 962

DATE: June 14, 2018

ORDER

Service connection for post-traumatic arthritis, left elbow, to include as due to Gulf War environmental exposures, is denied.

Service connection for right elbow strain, to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for flexion contracture, distal interphalangeal (DIP) joint, right fifth finger, is granted.

✕ Service connection for flexion contracture, DIP joint, left fifth finger, is granted.

Service connection for right ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for left ankle strain, to include as due to Gulf War environmental exposures, is denied.

Service connection for chronic fatigue syndrome (CFS), to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for recurrent upper respiratory infections is granted.

Service connection for a sleep disorder, to include as due to Gulf War environmental exposures, is denied.

✕ Service connection for gastroesophageal reflux disease (GERD) is granted.

RECEIVED
MAY 26 2020

By: GRIEVANCE OFFICER

IN THE APPEAL OF
CASEL F. LUCAS

SS 21-13-00000
Docket No. 13-22 962

Service connection for genitourinary problems, to include as due to Gulf War environmental exposures, is denied.

Service connection for impotency, to include as due to Gulf War environmental exposures, is denied.

Service connection for amyotrophic lateral sclerosis (ALS), to include as due to Gulf War environmental exposures, is denied.

* Service connection for headaches is granted.

The appeal for an effective date earlier than August 25, 2010 for the grant of service connection for PTSD is dismissed.

REMANDED

Entitlement to service connection for patellofemoral syndrome, right knee, to include as due to Gulf War environmental exposures, is remanded.

* Entitlement to an initial rating in excess of 10 percent for posttraumatic stress disorder (PTSD) is remanded.

FINDINGS OF FACT

1. The Veteran had active service in the Southwest Asia Theater of Operations during the Persian Gulf War.
2. The Veteran's left elbow pain has been linked to a diagnosis of post-traumatic arthritis, left elbow, and the preponderance of the evidence is against finding that his post-traumatic arthritis, left elbow, was manifested in service, within one year of his separation from service, or is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

RECEIVED

MAY 26 2020

By: _____
GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 28 [REDACTED]
Docket No. 13-22 962

3. The Veteran's right elbow pain has been linked to a diagnosis of right elbow strain, and the preponderance of the evidence is against finding that his right elbow strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease.

4. The Veteran's flexion contracture, DIP joint, right fifth finger, has been related to service.

5. The Veteran's flexion contracture, DIP joint, left fifth finger, has been related to service.

6. The Veteran's right ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease

7. The Veteran's left ankle pain has been linked to a diagnosis of right ankle strain, and the preponderance of the evidence is against finding that his right ankle strain is due to a disease or injury in service, to include a specific in-service event, injury, or disease

8. The Veteran has not manifested a diagnosis of CFS during the pendency of his appeal; nor has he been diagnosed with a medically unexplained chronic multi symptom illness.

9. The preponderance of the evidence of record establishes recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness.

10. The preponderance of the evidence is against finding that the Veteran has a sleep disorder due to a disease or injury in service, to include specific in-service event, injury, or disease.

11. The Veteran's GERD began during active service.

RECEIVED
MAY 26 2020
By: _____
GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 220202020
Docket No. 13-22 962

been diagnosed with CFS or with any medically unexplained chronic multi-symptom illness. The existence of a current disability is the cornerstone of a claim for VA disability compensation. *See Brammer v. Derwinski, supra.* As such, without a current diagnosis, the Veteran lacks the evidence necessary to substantiate his claim for service connection. The Board acknowledges that the Veteran does appear to have experienced fatigue, particularly as a result of his difficulties sleeping, but that fact alone does not necessitate the diagnosis of CFS which requires a specific set of symptomatology beyond just fatigue.

5. Entitlement to service connection for recurrent upper respiratory infections.

The Veteran contends he has respiratory problems due to various exposures in Iraq during the Gulf War, including chemicals and toxins, and exposure to WMDs after the demolition of an arms facility. He also contends he has had recurrent upper respiratory infections, to include pneumonia, and bronchitis, requiring treatment, since his service in Desert Storm.

Service treatment records show that in April 1988, the Veteran was treated for asthmatic bronchitis, and in May 1988 he was hospitalized for acute respiratory disease.

On a VA examination in March 2011, the Veteran reported his respiratory condition had an onset in the 1990s, and that he had recurrent upper respiratory infections requiring treatment since Desert Storm. The diagnosis was recurrent upper respiratory infections, which the examiner indicated was, by VBA definition category # (2), a diagnosable but medically unexplained chronic multi symptom illness of unknown etiology. The examiner opined it was at least as likely as not the Veteran's recurrent upper respiratory infections were related to a specific exposure event he experienced during his service in Southwest Asia. The examiner noted that signs and symptoms that may be manifestations of both undiagnosed illnesses or diagnosed medically unexplained chronic multi-symptom illnesses include signs or symptoms involving the upper respiratory system.

As noted above, signs and symptoms which may be manifestations of medically unexplained chronic multi symptom illnesses include respiratory symptoms.

RECEIVED

MAY 26 2020

By: GRIEVANCE OFFICE

IN THE APPEAL OF
CASEL F. LUCAS

SS 22 [REDACTED]
Docket No. 13-22 962

38 C.F.R. § 3.317(b). Therefore, the VA examiner's 2011 assessment of the Veteran's recurrent upper respiratory infections as a diagnosable but medically unexplained chronic multi symptom illness is consistent with the regulations governing such illnesses. Review of the record and resolving reasonable doubt in favor of the Veteran, the Board finds that his respiratory symptoms manifested to a degree of 10 percent or more not later than December 31, 2021, and service connection for this condition is therefore warranted. 38 C.F.R. § 3.317.

6. Entitlement to service connection for sleep disorder.

The Veteran contends he has a sleep disorder due to various exposures during the Gulf War, including chemicals and toxins, as well as exposure to WMDs after the demolition of an arms facility. He also contends he has had restless sleep and sleep disruptions since 1990/1991.

In a June 1999 treatment record from the Virginia Department of Corrections, it was noted that the Veteran had reported he was not able to sleep well and the impression was sleep disorder. Subsequently, it was noted in prison records that he was prescribed Benadryl as a sleeping medication.

The Board concludes that, while the Veteran arguably was diagnosed with a sleep disorder in June 1999, and he has reported having sleep problems since service, the preponderance of the evidence weighs against finding that he has a sleep disorder that began during service or is otherwise related to an in-service injury, event, or disease. 38 U.S.C. §§ 1110, 1131, 5107(b); *Holton v. Shinseki*, 557 F.3d 1363, 1366 (Fed. Cir. 2009); 38 C.F.R. § 3.303(a), (d).

In this regard, private treatment records from prison show the Veteran was not diagnosed with a sleep disorder until 1999, which is 7 years after his separation from service. While the Veteran is competent to report having experienced symptoms of restless sleep and sleep problems since service, he is not competent to provide a diagnosis in this case or determine that these symptoms were manifestations of a sleep disability, as the issue is medically complex. *Jandreau v. Nicholson*, 492 F.3d 1372, 1377, 1377 n.4 (Fed. Cir. 2007).

RECEIVED

MAY 26 2020

BY: _____
GRIEVANCE OFFICE



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

Log Number: _____

| | | | |
|---|------------------------|----------|-----------------|
| LUCAS CABEL | 1080673 | Q. A | Q. A. 38. B |
| Last Name, First | Number | Building | Cell/Bed Number |
| Security, Food Service, Medical, Acc Administration | 24 April 2020 | 1041 AM | |
| Individuals Involved in Incident | Date/ Time of Incident | | |

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

FOOD SERVICE AREA Contaminated by COVID-19 Inmates from 6-A-DORM was moved there while the compound lunch meal was being prepared and served. A group of medical personnel went into Choc Hall B. to exam the entire dorm of 6-A-Hampshire Correctional Center that had positive test result of COVID-19. This was done while the food in the kitchen was being put on our trays. My tray especially, this is a ServSafe violation, this is a health code violation, this is a state health code violation, this is a federal health code violation, this is a VAHOC health code violation. I am an extreme at risk inmate (1) Chronic lung disease chronic bronchitis recurrent upper respiratory infections. 50% service chronic by VA (2) Diabetic (3) Hypertension (4) Irregular heart rhythm. I was directly exposed to chemical weapons desert storm (WMD) mustard gas then after we received our dinner trays while the contaminated 6-A. was still there they came in after we had been served the contaminated food. I refused the lunch & dinner meals. What action do you want taken? I could not risk it.

To never contaminate any part of food service to conduct COVID-19 exams or any medical treatment that is what medical is for, Exam, visitation, housing area, DOE, VCE. I was denied this meal because it could have killed me with my chronic medical issues. I must be protected my food must be protected. This was negligent.

Grievant's Signature: Cand L. Lucas RECEIVED Date: 12 May 2020.

Warden/Superintendent's Office: _____

Date Received: _____

MAY 15 2020

By: _____

GRIEVANCE OFFICE

1 of 2

Revision Date: 4/28/17



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

| | |
|---|---|
| <input type="checkbox"/> | Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections |
| <input checked="" type="checkbox"/> | Does not affect you personally (This issue did not cause you personal loss or harm) <i>If you can tell me how it affected you and your personal loss or harm, I will reconsider my decision</i> |
| <input type="checkbox"/> | Limited. You have been limited by the Warden/Superintendent |
| <input type="checkbox"/> | More than one issue – resubmit with only one issue |
| <input type="checkbox"/> | Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. |
| <input type="checkbox"/> | Repetitive. This issue has been grieved previously in Grievance # |
| <input type="checkbox"/> | Inquiry on behalf of other offenders. |
| <input type="checkbox"/> | Group Complaints or Petitions. Grievances are to be submitted by individuals. |
| <input type="checkbox"/> | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i> |
| <input type="checkbox"/> | Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals. |
| <input type="checkbox"/> | Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: |
| <input type="checkbox"/> | Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint |
| <input type="checkbox"/> | Request for services |
| <input type="checkbox"/> | Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____ |
| <input type="checkbox"/> | The issue in the grievance is different from the issue in the informal complaint |
| Institutional Ombudsman/Grievance Coordinator: <i>Robert Brown, II</i> Date: <i>5-20-20</i> | |

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

| | |
|---------------------------------------|--|
| <input type="checkbox"/> | The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> . |
| <input type="checkbox"/> | The intake decision is being returned to you because the 5 day time limit for review has been exceeded. |
| <input type="checkbox"/> | The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging. |
| Regional Ombudsman: _____ Date: _____ | |

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request #01, P. 1

Offender Request MAY 26 2020

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

| | | | | |
|--------------------|--------------------|--------------|---------|-----------|
| YOUR LAST NAME | FIRST | MI | NUMBER | BLDG/CELL |
| Lucas | CASEL | F. | 1080613 | 2-A-38-B |
| WORK ASSIGNMENT | ASSIGNED COUNSELOR | TODAY'S DATE | | |
| 2-A Unit Custodian | Ms. Robinson | 21 May 2020 | | |

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security

☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting

☐ Chaplain ☐ Assistant Warden ☐ Warden ☒ Other Ms. Brown Anderson

CHECK PURPOSE

- ☐ Appointment Request ☐ Question/Statement

Ms. Brown, you asked me to explain how the incident in the kitchen affected me, my personal loss or harm.

1. Check The COVID 19 warning it is not confidential and have made several Mental Health Complaints. 2. Ask Ms. Ridley are my fears real & true genuine.

3. My Medical Issues with my lungs are 100% Critical & Chronic. I have provided the 11/18/20 of Volume Allowing Documentation, USDC, Pardon Sheet & a copy of my 4 inhalers MicroBreathing Chamber.

4. This I was hurt by this Negligent Action Mental Health Detouring. I was hurt physically by being deprived of 2 meals. I could not request that food, my continued

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to: _____

Date: _____

Everything you have said is what you assumed would happen. Grievances are based on ~~ass~~ facts; not assumptions. You were not denied meals; you chose not to pay for the meals provided; there is a difference. My decision has not changed and any further action on this issue can be reviewed by the Region.

Offender seen ☐ Yes ☒ No

Official Responding

Date of Response

my ~~condition~~ of how this action directly hurt me
 my Health was hurt Because I AM A Diabetic
 I take Lipizide which is a sub for Leucotrol.
 I must eat when I take this Medication.

Bottomline The Kitchen was Not Decontaminated Before
 The Lunch Meal Was Prepared + Served. Nor Was it Decontaminated
 Before The Dinner Meal was Prepared & Served the Kitchen
 Still Didn't Received Decontamination Cleaning.

Me. Brown, I AM an Expert with Nuclear Biological
 and Chemical Weapons. NBC Environments in full MOPP Level
 Mission Oriented ~~Protective~~ Protective Posture. I was The
 U.S. Army Champion with Dealing in hazardous contaminated
 Conditions.

This I have provided you the Military ~~sheds~~ for.

I, Can not Risk eating that food it Really could have
 Killed Me & my family would have never known The Truth
 my Mental Health has been ~~Greatly~~ Damaged, my blood sugar
 became extremely ~~low~~. Now from the lack of food yes
 I have been hurt & I am at loss.

I am Resubmitting The Grievance it is Valid if Directly Affected
 Me. The Grievance is also founded.

Carol F. Lucas

RECEIVED

MAY 26 2020

BY: GRIEVANCE



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

CABEL F. LUCAS 10801073 2-A-38-B
Offender Name Offender Number Housing Assignment
Food Service Supervisor, Security, HCC Administration 24 Apr 2020 10:41 AM
Individuals Involved in Incident Date/Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☒ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Denied Food + Food Service Housing to A inmates in Chow Hall
at 10:30 AM Friday 24 April 2020. After my Medical Treatment, I witnessed inmates contaminated
from Housing Unit 6-A being moved within B Side Chow Hall. This is a Food
Service Hazard. The Potential Contamination of the Food, Food Equipment, Food Service Personnel
to Cross Contaminate the Trays being prepared for lunch the trays arrived at my
Dorm at 11:17 AM. The Chow Hall still had inmates from 6-A inside without being
properly decontaminated, sterilized, & sanitized. I am a high risk inmate with Chronic Liver Disease,
Hypertension, Diabetes, Heart Condition. I had to refuse the meal. Penalties: violations & disciplinary
Offender Signature Cabel F. Lucas Date 24 April 2020 Violations Infraction

Offenders - Do Not Write Below This Line

Date Received: 4-28-20
Response Due: 5-13-20
Action Taken/Response:

Tracking # HCC620-INF-00706
Assigned to: Rose Y. Brown, IC

The VA-DOC and the Department of Health has issued preventive measures for staff and offenders to follow guidelines on handwashing and hand sanitizer usage, and social distancing. The DOC has established food preparation and distribution, and offender sanitation crew to ensure comply with safety, security, policies, procedures, and practices.

Rose Y. Brown Rose Y. Brown, IC 5-7-20
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
Staff Witness Signature: _____ By: GRIEVANCE OFFICE Date: _____

RECEIVED
MAY 26 2020
BY: GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report

VACORIS C - #.0

DOC Location: HCC Haynesville Correctional Center

Report generated by Brown, R T

Report run on 04/28/2020 at 04:01 PM

Grievance Number: HCC-20-INF-00706Next Action Date: 5/13/2020 12:00:00 AM

| | | |
|--|------------|-----------------------------------|
| On this date: | 04/28/2020 | I have received a statement from: |
| Lucas, Casel F | 1080673 of | Haynesville Correctional Center |
| (Offender Name and DOC#) | | (Filed Location and Housing) |
| Setting out the following complaint: | | |
| He states he was denied food because he was in Medical being triaged and 6A was in the chow on B-side while their building was being decontaminated. He states he decided not to get his meal because of this; therefore, he was denied a meal. (Rose T. Brown, IO) | | |
| Rose T Brown | | IO |
| (Signature) | | |

Officer Initials: _____



VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CAROL F. LUCAS Offender Number: 1080173 Housing Assignment: 2-A-38-B
 Individuals Involved in Incident: Food Service Supervisor, Security, HCC, Administration Date/Time of Incident: 24 April 2020 10:41 AM

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☒ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Denied Food + Food Service Housing to A inmates in chn
at 1030 AM Friday 24 April 2020 After my Medical Treatment. I witnessed inmates
from Housing Unit 6-A Being Moved within B Side Cross Hall. This is A Food
Service Hazard. The Potential Contamination of the Food, Food Equipment, Food Service Personnel
To Cross Contaminate the Temp being Prepared for lunch the Temp Arrived at my
Dorm at 11:17 AM. The Chn Hall still had inmates from 6-A inside without being
Properly Decontaminated, Sterilized, & Sanitized. I'm a 47 year old male with Chronic Lung Disease
Hyperkalemia, Diabetes, Heart Condition. I had to Refuse the meal. Healthier. Visitors & Serv Staff
 Offender Signature: Carol F. Lucas Date: 24 April 2020 Violation: Recruiting
Unlawful
Detention

Offenders - Do Not Write Below This Line

Date Received: 4-28-20Response Due: 5-13-20

Action Taken/Response:

Tracking # HCC 20-INF-00706
 Assigned to: Rosell Brown, FO

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Problem Sheet

| | |
|---|-----------------|
| Offender Name: Lucas, Casel | Number: 1080673 |
| Allergies: Valproic Acid, Lithium, Trilafon | D.O.B. 8.8.1969 |

| Date: | Medical Condition |
|-------|--|
| | Gerd |
| | Abd gas lg hx |
| | dry eye |
| | Weakness to @ side of face (injury in 1999) resolved |
| | Nicotine dependency |
| | DVD of Knees by Symptoms |
| | Fibromyalgia |
| | Weapons of mass destruction exposure |
| | HTN |
| | Migraines |
| | diabetes |

(DNR for VA in Chart)



SPECIAL ASSISTANT
TO THE SECRETARY OF DEFENSE
FOR GULF WAR ILLNESSES,
MEDICAL READINESS, AND
MILITARY DEPLOYMENTS

OFFICE OF THE SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000



Casel Lucas
8610 Liberia Ave
Manassas VA 20110-4851

January 10, 2001

Dear Casel Lucas:

As the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments, I am responsible for evaluating potential health impacts of your service during the Gulf War. I am committed to investigating and providing you the most up-to-date and scientifically valid information available. In 1997, I notified you that if you were with your unit between March 10-13, 1991, you may have been exposed to a very low level of chemical agent resulting from the demolition of munitions at Khamisiyah, Iraq. As promised, we have worked hard to improve our knowledge of potential exposure areas and unit locations. As a result of this work, I am contacting Gulf War veterans, like you, whose units were near Khamisiyah at that time.

Using state of the art computer modeling technology and more accurate unit location data, we have improved our analysis of potential exposures to individuals whose units were near Khamisiyah during the demolition of Iraqi weapons. The most up-to-date models still predict that if you were with your unit at the time of the demolition at Khamisiyah, you may have been exposed to very low levels of chemical agent for a brief period of time (less than 3 days) after the demolition. However, the possible exposure areas are now considered to be generally smaller than those modeled in 1997. Based on current medical evidence and ongoing research, there is no indication that any long-term health effects would be expected from the brief, low-level exposure to chemical agents that may have occurred near Khamisiyah.

I have enclosed a fact sheet that includes our analysis and information obtained since 1997, as well as answers to some frequently asked questions. If you have additional questions about any of the information that I have provided to you, please call my office at 1-800-497-6251 or visit our website at www.gulfink.osd.mil. Your local library may be able to assist you with getting information from our website. If you have specific health concerns, I encourage you to seek medical assistance from the programs established for Gulf War veterans. The Departments of Defense (DoD) and Veterans Affairs (VA) both offer comprehensive medical programs for Gulf War veterans. To schedule an appointment with the DoD program, call 1-800-796-9699; to schedule an appointment with the VA's program, call 1-800-749-8387.

We have a national obligation to protect the health of our veterans. I am committed to ensuring that you have the best information and healthcare we can offer.

Sincerely,

Bernard Rostker

•Enclosure

This letter was mailed to you at another address on Dec. 5, 2000, but was returned. This is a second attempt to reach you.



CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD:
SAFEGUARD ITANY ALTERATIONS IN SH
AREAS RENDER FORM

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | |
|---|--|---|--|---|--|
| 1. NAME (Last, First, Middle) LUCAS CASEL FRANK | | 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA | | 3. SOCIAL SECURITY 228 1 | |
| 4. a. GRADE, RATE OR RANK BPA | | 4. b. PAY GRADE PA | | 5. DATE OF BIRTH (YYMMDD) 690808 | |
| 6. a. PLACE OF ENTRY INTO ACTIVE DUTY BALTIMORE, MD | | 6. b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1730 MARK DRIVE ALEXANDRIA, VA 22305 | | | |
| 8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND BN 01 SVC BTRY 22 FORB COM FC | | 8. b. STATION WHERE SEPARATED FORT BILL, OK | | | |
| 9. COMMAND TO WHICH TRANSFERRED EL RENO, OK 73036 | | 10. SGLI COVERAGE Amount: \$ 100,000 | | 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 13B10 CANNON CREWMEMBER 3 YEARS & 10 MONTHS / NOTHING FOLLOWS | |
| 12. RECORD OF SERVICE | | 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON / OVERSEAS SERVICE RIBBON / NATIONAL DEFENSE SERVICE MEDAL / SOUTHWEST ASIA SERVICE MEDAL W/ TWO BRONZE SERVICE STARS / KUWAIT LIBERTY MEDAL / OVERSEAS SERVICE BAR / DRIVERS BADGE (T) / SEE ITEM 16 | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) PORTUNITY 2 WEEKS (SEP 88) / NOTHING FOLLOWS | | 15. a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 16. DAYS ACCRUED LEAVE PAID Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 18. REMARKS DELAYED ENTRY PROGRAM 880308-880321 / CONT FROM ITEM 13. HAND GUN ADE (SHARPSHOOTER) / RIFLE 0414 (MARKSMAN) / ARMY GOOD CONDUCT MEDAL / OVERSEAS SERVICE BAR / ARMY ACHIEVEMENT MEDAL / NOTHING FOLLOWS | | | |
| 19. a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 8410 LIBERTY AVE MINNEAPOLIS, MN 55412 | | 19. b. NEAREST RELATIVE (Name and address, include ZIP Code) PENITA GRIER SEE ITEM 7b | | | |
| 20. MEMBER REQUESTS COPY BESENT TO: VA, MIL DIR OF VETERANS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 21. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) R. W. HOLYSEE GS9: C, TRANSITION | | | |
| 22. SIGNATURE OF MEMBER BEING SEPARATED Frank Lucas | | 23. SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) TYPE OF SEPARATION LEAVE FROM ACTIVE DUTY PARATION AUTHORITY 435-200 CHAPTER | | | |
| 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE | | 25. SEPARATION CODE 1000 | | 26. REENTRY CODE RE-3 | |

3/25/92

CERTIFICATE IN LIEU OF LOST OR DESTROYED

Discharge



Armed Forces of the United States

This is to certify that

CASEL FRANK LUCAS SPECIALIST USAR

was discharged from the

Army of the United States

by Honorable Discharge

on 12 March 1996

at St. Louis, MO

Given at Washington, D. C., on 19 July 2006

ROBERT T. MARSH
Colonel, AG

2A-38B



ADVAIR HFA 45/21

(fluticasone propionate 45 mcg and salmeterol 21 mcg* inhalation aerosol) *Chronic Lung Condition*

12 g

For oral inhalation with ADVAIR HFA actuator only.

*Contents: Each canister contains a microcrystalline suspension of fluticasone propionate and salmeterol xinafoate in propellant HFA-134a (1,1,1,2-tetrafluoroethane). Each actuation delivers 45 mcg of fluticasone propionate and 30.45 mcg of salmeterol.

See prescri dosage inf

Rx only

LUCAS,CAS 1080673
Advair HFA 45/21 Aer
SUB FOR ADVAIR HFA MFG:GLAXO
INHALE 1 PUFF(S) ORALLY TWICE
DAILY *KOP*

QN:12
OF 12
ID#239259519

D

RX# 31724821 DC:06/13/2320
PRESCRIBER:DURRANT, A JASV
WHITE

DISP:04/15/2020
HAYNESVILLE CORR CENTER (P)No Metal/Glass
DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
800-882-6337 FAX 800-523-0008 801753640 LAHE: 400 RM

WARNING: Do Not Exceed The Dose Prescribed By Your Physician. If Difficulty In Breathing Persists, Seek Medical Attention Immediately.
WARNING: This Medicine Will Not Stop A Severe Asthma Attack Once One Has Started.

45/21
120 Metered Actuations
RECEIVED

MAY 26 2020

NDC 0597-0087-17

Atrovent® HFA

(ipratropium bromide HFA)

Inhalation Aerosol

Chronic Lung Condition

LUCAS,CAS 1080673

Atrovent HFA Inhaler

SUB FOR IPRATROPIUM BROMIDE HFA.MFG:BOEHR

INHALE 2 PUFF(S) ORALLY FOUR TIMES

DAILY AS NEEDED FOR SHORTNESS OF BREATH VIA MICROCHAMBER

QN:12
OF 12.9
ID#238

RX# 32126784 DC:08/02/2020
PRESCRIBER:LEWIS, L BJR
MILKY WHITE

DISP:04/07/2020
HAYNESVILLE CORR CENTER (P)No Metal/Glass
DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
800-882-6337 FAX 800-523-0008 801753640 LAHE: 400 RM

WARNING: Do Not Exceed The Dose Prescribed By Your Physician. If Difficulty In Breathing Persists, Seek Medical Attention Immediately.

WARNING: This Medicine Will Not Stop A Severe Asthma Attack Once One Has Started.



Microchamber Holding Chamber for Inhaler



- Small Compact Size, Discrete
- Portable for People on the Go
- Optimizes Inhaler Medication
- Compatible with Mask Products
- Anti-Static Delivery
- Clinically Proven Effective

LUCAS,CAS 1080673
Microchamber Mis
MFG:RESDE
FOR USE WITH INHALER AS INSTRUCTED *KOP*

Easy to Clean

RX# 32153034 DC:07/08/2020
PRESCRIBER:DURRANT, A JASV

DISP:04/09/2020
HAYNESVILLE CORR CENTER (P)No Metal/Glass
DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
800-882-6337 FAX 800-523-0008 801753640 LAHE: 400 RM

Chronic Lung Condition
Breathing Device

NDC 63402-510-01 Net Contents: 15 g

Chronic Lung Condition

Xopenex HFA®
(levalbuterol tartrate)
Inhalation Aerosol

I HAVE 2 of These Inhalers

LUCAS,CAS 1080673
Linzess 145mcg Caps
SUB FOR LINACLOTIDE MFG:ACT
TAKE 1 CAPSULE(S) ORALLY
DAILY *KOP*

2A-38B

RX# 32295048 DC:07/13/2020
PRESCRIBER:DURRANT, A JASV
WHITE, WHI:OBLONG
DISP:04/17/2020
HAYNESVILLE CORR CENTER (P)No Metal/Glass
DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
800-882-6337 FAX 800-523-0008 801753640 LAHE: 400 RM

Swallow Whole. Do Not Chew Or Break.

LUCAS,CAS 1080673

Xopenex HFA 15mcg Inhaler

QN:15 OF 15

SUB FOR LEVALBUTEROL MFG:SEPR

WHITE

INHALE 2 PUFF(S) ORALLY FOUR TIMES DAILY AS NEEDED FOR SHORTNESS OF BREATH VIA MICROCHAMBER

DISP:04/02/2020

NDC:63402-510-01

HAYNESVILLE CORR CENTER (P)No Metal/Glass
DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
800-882-6337 FAX 800-523-0008 801753640 LAHE: 400 RM

WARNING: Do Not Exceed The Dose Prescribed By Your Physician. If Difficulty In Breathing Persists, Seek Medical Attention Immediately.

Date Opened (MM/DD/YYYY)

SUNOVION



63402 51001

LUCAS,CAS 1080673

Atenolol 50mg Tablet

SUB FOR TENORMIN MFG:JEN

TAKE 1 TABLET(S) ORALLY ONCE DAILY

DAILY "KOP"

Irregular Heart Palpitations

RX# 3076622 DC:08/03/2020

PRESCRIBER: JASV

WHITE, WHI:ROUND

08/03/2020 08/03/2020 22:22:00

HJ- HAYNESVILLE CORR CENTER

DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701

800-893-6337 FAX 800-373-9008 801753640 LAHE: 400 N2

Do Not Drink Alcoholic Beverages While Taking This Medicine.

LUCAS,CAS 1080673

amLODIPine 10mg Tablet

SUB FOR NORVASC MFG:ASCEN

TAKE 1 TABLET(S) ORALLY ONCE DAILY ID#239624437

"KOP"

Hypertension

RX# 3076622 DC:08/03/2020

PRESCRIBER: JASV

WHITE, WHI:ROUND

08/03/2020 08/03/2020 22:22:00

HJ- HAYNESVILLE CORR CENTER

DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701

800-893-6337 FAX 800-373-9008 801753640 LAHE: 400 N2

Do Not Drink Alcoholic Beverages While Taking This Medicine.

24-318

r/o 5-12-20

2 of 2

EXP: 04/07/21

LUCAS,CAS 1080673

glipizIDE 5mg Tablet

SUB FOR GLUCOTROL MFG:APOTX

TAKE 1 TABLET(S) ORALLY TWICE

DAILY "KOP"

Diabetic Med.

RX# 17081038 DC:09/08/2020

PRESCRIBER: JASV

WHITE, ROUND

09/08/2020 09/08/2020 15:50:00

HJ- HAYNESVILLE CORR CENTER

DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701

800-893-6337 FAX 800-373-9008 801753640 LAHE: 400 N2

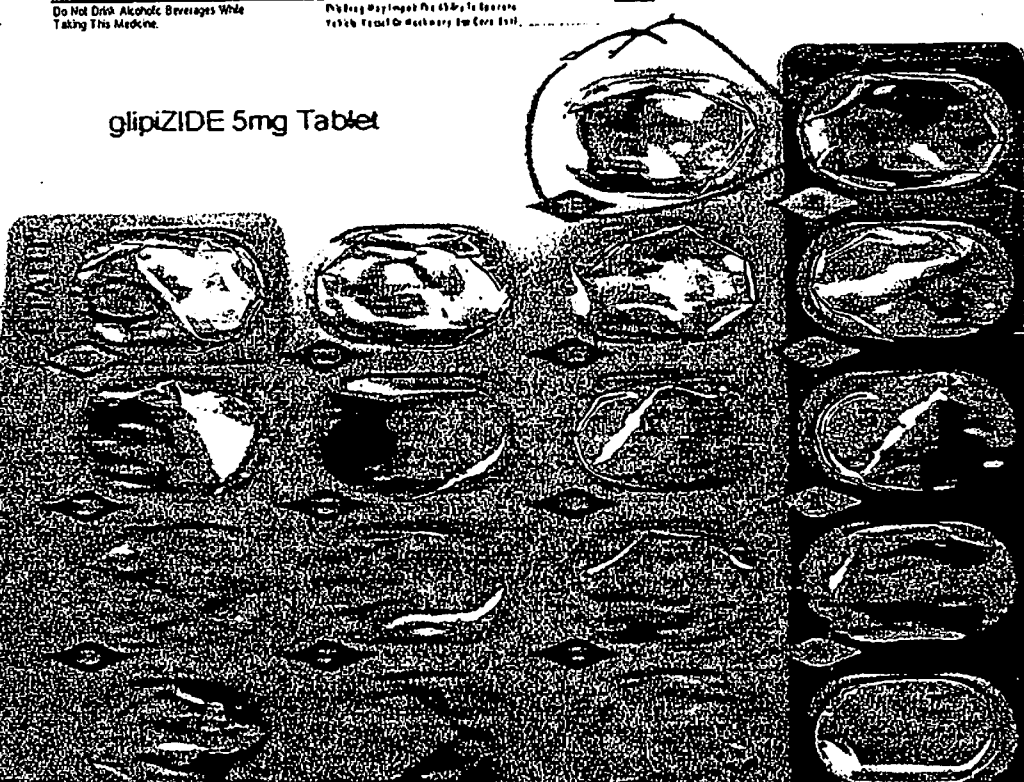
Do Not Drink Alcoholic Beverages While Taking This Medicine.

APD:GLF

NDC:60505-0141-01

(C)Card

glipizIDE 5mg Tablet



RECEIVED
AUG 21 2020
PHARMACY OFFICE

LAB REPORT



Printed: 05/20/2020 11:49AM

Patient: Lucas, Casel
 Gender: M
 Accession: ORM2014004553
 Ordered Date: 05/19/2020 3:21PM

DOB: 08/08/1969

Facility: Haynesville Correctional-Inmate
 Physician: Williams, Richard, MD
 Collected: 05/19/2020 12:00PM
 Delivery Date: 05/19/2020 3:18PM

Reporting Group: Molecular

Coronavirus SARS-CoV-2 (COVID-19)

RCA Laboratory Services LLC dba SID 201400708

Final Approved: 05/20/2020 2:01 AM

GENETWORx

Collected: 05/19/2020 12:00PM

The reference interval for this assay is Negative. This laboratory is regulated under the Clinical Laboratory Improvement Amendment (CLIA) of 1988 as qualified to perform high complexity clinical testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Laboratory specimens were analyzed for COVID-19 using reverse-transcriptase-Real time PCR (rRT-PCR) using primer and probe sequences validated by the Centers for Disease Control (CDC) under the Emergency Use Authorization for Coronavirus Disease-2019 (EUA). This test has been validated in accordance with the FDA's Guidance Document (Policy for Diagnostic Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency) issued on February 29th, 2020. Our test validation has undergone FDA review. FDA acknowledges that GENETWORx meets the conditions outlined in the Immediately in Effect Guidance for Clinical Laboratories, Commercial Manufacturers, and Food and Drug Administration Staff: Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency and the FDA FAQs on Diagnostic Testing for SARS-CoV-2 for the allowable modifications to the CDC EUA.

TEST
 COVID-19

RESULT
 Negative

REF RANGE
 Negative

UNIT

Reporting Laboratories:

- (1) RCA Laboratory Services LLC dba GENETWORx (CLIA ID: 49D2060159), Lab Director: Jacobs-Helber, Sarah, PhD, HCLD (A BB), 4060 Innslake Dr, Glen Allen, VA 23060, 804-346-4363

2-A-38-B

DATE OF ADMISSION

3 May 88

DATE OF DISCHARGE

8 May 88

NUMBER OF DAYS HOSPITALIZED

5

CHIEF COMPLAINT: The patient is an 18 year old black male with a chief complaint of cold for 2 to 3 days. It was also associated with a headache, fever, chills, sore throat, painful ears, swollen glands and a cough productive of yellow sputum. He also admitted to decreased appetite, moderate abdominal pain, no nausea, vomiting or diarrhea.

PAST MEDICAL HISTORY: Habits before coming into the service included tobacco 1 pack per day for 2 years, no alcohol and minimal use of caffeine. Allergies: None known. Medications: None chronically. Breathing difficulties not diagnoses.

FAMILY HISTORY: Significant for a mother, age 35, and 2 brothers, age 4 and 18 years, with asthma.

REVIEW OF SYSTEMS: The patient states he has wheezed since arriving in the army on 22 Mar 88.

PHYSICAL EXAMINATION: He is a febrile, well developed, 18 year old black male who was alert and oriented x3. Temperature 102.2°F; BP 110/80; pulse 100; respiratory rate 18. HEENT: Both TMs noninjected, but utterly mobile. There is a yellow nasal discharge. Pharynx is slightly injected at 2+. Neck is supple. There are some tender anterior cervical lymph nodes. Chest: Clear to auscultation. Heart exam: Regular rate and rhythm, without murmur. Skin: No petechiae. Abdomen is benign.

HOSPITAL COURSE: The patient was admitted as an ARD and was placed on Pen Vee K, 500 mg 4 times a day, and Duravent, 1 PO b.i.d. His appetite was markedly decreased and he was placed on a hydrating IV of D5½ normal saline at 125 cc per hour. He continued to have spiking fevers in the range of 103 to 104°F and was placed on Erythromycin, 500 mg every 6 hours. He did not tolerate this and had marked abdominal pain and some diarrhea. He was subsequently switched from oral Erythromycin to IV Penicillin G every 6 hours. Cultures of blood and sputum were negative. Chest x-ray was normal. Abdominal series at the time of his pain, looking for evidence of obstruction, was nondiagnostic for obstruction. By 6 May 88 the patient had defervesced, although he still complained of some moderate sore throat. His throat culture came back negative for beta strep; however, he was continued on the Penicillin G orally, 500 mg q.i.d., in view of his marked clinical response. By 8 May 88 the patient had been afebrile for 24 hours and was feeling markedly better. His physical exam at that time was within normal limits.

William A. Malabre

WILLIAM A MALABRE, MD CPT, MC

REYNOLDS ARMY COMMUNITY HOSPITAL FORT SILL, OK 73503

- | | |
|--|--|
| <input type="checkbox"/> HISTORY & PHYSICAL EXAMINATION (SF 504, SF 505, & SF 506) | <input type="checkbox"/> OPERATION REPORT (SF 516) |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input checked="" type="checkbox"/> NARRATIVE SUMMARY (SF 502) |
| <input type="checkbox"/> CHRON RECORD OF MEDICAL CARE - (SF 600) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) |
| <input type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> |

NAME

LUCAS, CASEL

REGISTER NO.

0650584

SSN

20 228-29-8166

UNIT

EVL A BTRY 1/19 FA

DATE DICT.

8 May 88

DATE TYPED

9 May 88/lcc

| INPATIENT TREATMENT RECORD COVER SHEET | | | | | | | | | | PAGE 1 OF 1 | |
|--|------------------------------|--|---------------------------|---|--|--|---|-------------------------|--|--------------------------------|--|
| For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General. | | | | | | | | | | | |
| 1. REGISTER NUMBER 0650584 | | 2. NAME (Last, First, MI) LUCAS, CASEL | | | | 3. GRADE PV1 | | ADMISSION REMARKS | | | |
| 4. SEX M | 5. AGE 18 | 6. RACE 3 | 7. RELIGION BAP | 8. LENGTH OF SVC 02M | 9. ETS 21 MAR 1992 | 10. PREVIOUS ADMISSION NO | | | | | |
| 11. FMP 20 | | 12. SSN 2-1-1-1-1-1-1-1-1-1 | | 13. ORGANIZATION A BTRY 1/19 PORT SILL OK | | 14. WARD 3W | | | | | |
| 15. FLYING STATUS 76 | 16. RATING / DSG 0 | 17. DEPT / BEN ARMY | 18. BRANCH / CORPS. | 19. UIC / ZIP 73503 | 20. TYPE CASE D18 | | | | | | |
| 21. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION DIR DIRECT ADMISSION AR 40-3 PARA 4-1 | | | | 22. HOUR OF ADMISSION 1559 | 23. CLINIC SERVICE EP INT MED | | | | | | |
| 24. NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE GRIER, EMELIE / GRANDMOTHER | | | | 25. TYPE DISPOSITION DUTY | 26. DATE OF DISPOSITION 08 MAY 1988 | | ADMITTING OFFICER STRAWGER, RICHARD | | | | |
| 27. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) (b6) | | | | 28. TELEPHONE NO. (b6) | 28. DATE OF THIS ADMISSION 03 MAY 1988 | | 32. UNITS OF WHOLE BLOOD / COMPONENT TRANSFUSED | | | | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY REYNOLDS ACH, FT SILL, OK | | | | | | 30. DATE OF INITIAL ADMISSION | | | | | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> Check If Continued on Reverse | | | | | | | | | | | |
| 33. CAUSE OF INJURY | | | | | | | | | | | |
| 34. DIAGNOSES / OPERATIONS AND SPECIAL PROCEDURES DG 1. 4659 - -0 0410 - -0 a. ACUTE RESPIRATORY DISEASE, SUSPECTED SECONDARY TO STREPTOCOCCUS, NOT PROVEN BY CULTURE. NOT PR. b. | | | | | | | | | | | |
| <input type="checkbox"/> Check If Continued on Reverse | | | | | | | | | | | |
| 35. TOTAL DAYS THIS FACILITY | | | | | | | | | | | |
| a. ABSENT SICK DAYS 0 | | b. OTHER DAYS 0 | | c. CONV LV / COOP CARE DAYS 0 | | d. SUPPLEMENTAL CARE DAYS 0 | | e. BED DAYS 5 | | f. TOTAL SICK DAYS 5 | |
| 36. TOTAL DAYS ALL FACILITIES | | | | | | | | | | | |
| a. ABSENT SICK DAYS 0 | | b. OTHER DAYS 0 | | c. CONV LV / COOP CARE DAYS 0 | | d. SUPPLEMENTAL CARE DAYS 0 | | e. BED DAYS 5 | | f. TOTAL SICK DAYS 5 | |
| SIGNATURE OF ATTENDING MEDICAL OFFICER WILLIAM A. MALABRE, CPT, MC, MD | | | | | | SIGNATURE OF PAID OR MEDICAL RECORDS OFFICER FAITH ATKINS, ART | | | | | |

DA FORM 3647
1 MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE.

SCREENING NOTE OF ACUTE MEDICAL CARE

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.

| | | | | |
|---|--|---|-----------------------|---------------------|
| TIME PATIENT DEPARTS UNIT (From DD Form 689) | | SCREENER LOCATION | | |
| | | TIME PATIENT ARRIVES | TIME ENCOUNTER BEGINS | TIME PATIENT LEAVES |
| DATE 08 MAY 1988 | SCREENER LOCATION TMC #6 RACH, MEDDAC FT. SULLY, OK 73503 | CHIEF COMPLAINT Cough | | DURATION X2 days |
| PATIENT RESIDENCE () BARRACKS () OFF POST () TRANSIENT | | VITAL SIGNS TEMPERATURE 102.2 PULSE 100 BP 134/80 RESP 18 ALLERGIES X1/2 | | |
| FIRST VISIT FOR THIS COMPLAINT () YES () NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER? () YES () NO | | | | |
| ALGORITHM/CODE | | ALGORITHM/CODE | | |
| ALGORITHM SUMMARY (+) Cough to chest (-) Bloody sputum (+) Runny nose | | ALGORITHM SUMMARY ARD admit CWO Mante C Mcnally | | |
| COMMENTS (Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions) | | | | |

PATIENT'S IDENTIFICATION (Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)

LA Casey Case
 228-29-2666
 AL/CR 242

FINAL DISPOSITION

() I - PHYSICIAN STAT () IV - SELF CARE PROTOCOL
 () II - PA STAT () V - HOSP CLINIC REFERRAL
 () III - PA

SELF CARE PROTOCOL MEDICATIONS GIVEN

AIDMAN'S SIGNATURE & CODE

AUDITOR'S INITIALS & DATE

SCREENING NOTE OF ACUTE MEDICAL CARE

For use of this form, see AR 40-88; the proponent agency is the Office of The Surgeon General.

| | | | | |
|--|---|--|-------------------------------|---------------------|
| TIME PATIENT DEPARTS UNIT (From DD Form 889) | | SCREENER LOCATION | | |
| | | TIME PATIENT ARRIVES | TIME ENCOUNTER BEGINS | TIME PATIENT LEAVES |
| DATE 11 APR 1988 | SCREENER LOCATION TMC # HACH, MEDDAC BT SILL, OK 73503 | 0830 | Chief Complaint Chest cold | DURATION 1 Week |
| PATIENT RESIDENCE () BARRACKS () POST HOUSING () OFF POST () TRANSIENT | | VITAL SIGNS TEMPERATURE 96.2 ALLERGIES NKH PULSE BP RESP | | |
| FIRST VISIT FOR THIS COMPLAINT () YES () NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER? () YES () NO | | | | |
| SOLD ALGORITHM/CODE TD-21 | | Cough ALGORITHM/CODE TD-19 | | |
| ALGORITHM SUMMARY 1. yes - chin to chest 3. no - blood streaked sputum 4. yes - foul nasal discharge 5. No temp greater than 101° III | | ALGORITHM SUMMARY 1. NO - SOB resting 2. yes III | | |

COMMENTS (Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions)

PE: HEENT: Boggy mucosa & mucoid secret
o/w NML.

Neck - E)

Lungs: (+) Rhonchi (+) Wheez.

Rx: Asthmatic Bronchitis

Plan: CRR

① SLO BID 300g + BID #60

② Enter LA + BID #70

③ Alupent Inhalant 11 - 111 Puff. QID

⑤ PTE Run at own pace & volume & rate.

D) Soda

PATIENT'S IDENTIFICATION (Use mechanical imprint if available,
for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and
Duty Phone)Puccas, Casel
22829 8166
E-1
A 1/19

FINAL DISPOSITION

() I - PHYSICIAN STAT () IV - SELF CARE PROTOCOL
() II - PA STAT () V - HOSP-CLINIC REFERRAL
() III - PA CW3 DOYLE G. STARK Jr. PA
SELF CARE PROTOCOL MEDICATIONS GIVEN

AIDMAN'S SIGNATURE & CODE

AUDITOR'S INITIALS &
DATE

NSN 7540-01-165-7294

* U.S. GOVERNMENT PRINTING OFFICE 1984-450-337

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT (Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

| | | | | | |
|--|---|-----|---------------|-------------------------------|---|
| EXAMINATION(S) REQUESTED PA & lateral Chest | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
| | 18 | M | | IME#6 | |
| | FILM NO. | | | | PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | REQUESTED BY (Print) CWS DOYLE G. STARK Jr. PA | | | | TELEPHONE/PAGE NO. 1-4242 |
| SIGNATURE OF REQUESTOR Doyle Stark | | | | DATE REQUESTED 11 April 88 | |

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Bilateral Rhonchi + wheezes.
R/o Pneumonia

| | | |
|---|-----------------------------------|--|
| DATE OF EXAMINATION (Month, day, year) 11 APR 88 | DATE OF REPORT (Month, day, year) | DATE OF TRANSCRIPTION (Month, day, year) |
| RADIOLOGIC REPORT | | |

LUCAS, C. 228278126 53743, 51580

04/11/88 CHEST 2 VIEWS (PA&LAT): The heart, mediastinum, diaphragm and bony thorax appear normal.

FOR: BOB G. EATON M.D.

PATIENT'S IDENTIFICATION (For typed or written entries give:
Name — last, first, middle, Medical Facility)

Lucas, Carol
PAT 228-25-8166
A1/19

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

COPY MADE BY VARMC, ST. LOUIS FROM RECORD IN VA'S POSSESSION

NSN 7540-00-834-4178

800-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

80 MAR 1988

RECORDS SCREENED IAW AR 40-36

☐ NO FOLLOW-UP NEEDED☐ FOLLOW-UP NEEDED

12:0 JUL 1989

SAS 6/29 FA
APO NY 09322

NKA

-meds

T 9856 19 yro ♂ c/o cold X 3 mo.

P 60 0 (+) Green yellow sputum (+) nasal discharge (-) bloody

R 16 sputum (+) chin to chest (-) swollen glands - DCU

B.P. 110/80 (+) PT may have cold - DCU

① PT was given Pntex and Tylenol Hydrate and instructed on its use and dosage - DCU

PFC ~~Donaldson~~ 9/14/89

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

011 LUCAS CASEL FRANK
SSDC WRN 228 29 8166RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 800 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.805

COPY MADE BY VARMC, ST. LOUIS FROM A RECORD IN VA'S POSSESSION



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Case 1 Number: 1080673

| Date/Time | Complaint and Treatment | Signature and Title |
|---|---|---------------------|
| 9/11/20 730p | Offender requesting renewal of D-Cerin and Visine. Chart to MD/NP. | Kyngford, RN |
| 9/14/20 618 Noted 9/20/20 @ 9/14/20 Q. Baugh, RN | Emollients are available in the commissary Memo * Visine tear drops, 2 drops ea eye BID x 90 days EME | Adnan Husein |
| 9/22/20 754 Noted 9/28/20 11 AM | Calls from 9/21/20 Acceptable | Adnan Husein |
| 10/1/2020 1515 | Renew Biotene Mouths pray 2 spray QD PRND Mouthwash - S8 in APRNDNP-C await approval for nonformulary med. previously Rx Dental. | |
| 10-2-2020 9A 193° 97° 18 107/79 72 95.6 | | |
| 10/6/2020 0730 | pt seen and evaluated for S/L from pulmonology | |
| 117/75 69 97.1 | visit by telephone 9/10/2020 PFTs completed | |
| #189.6 @ 98.7 16 | by specialist, reviewed med list and current inhalers, discussed risk/benefits of meds. Review all notes from specialty noted request to add medication for allergy symptoms and Atravent to LAMA, TTE completed mild regurgitation EFGS-70%. | |
| Noted Johnson 10-6-20 11P | Obstructive COPD 1) Stop Atravent to LAMA Obstructive COPD 2) Start increase ellipta 1 puff. 2x daily Allergic Rhinitis 1) Zyrtec long PO QD x 90 days ✓ CV: KMR, kenop CTABL today ABD soft & tender Skin warm/dry @ ROM @ cap ref 11/2/20 S8 in APRNDNP-C | |
| 10/8/2020 1245 | Emollients are available in commissary please bring receipts for eval of medical need for Decim cream refill per 9/14/2020 note - S8 in APRNDNP-C | |

COPY

Noted 10/13/20 Cee Kyngford, RN



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Casel Number: 1080673

Last

First

Date/Time

Complaint and Treatment

Signature and Title

| | | |
|--|---|-------------|
| 08/21/2020 2:50 | 2D Echo cardiogram Done on Site Uses Advair as directed | [Signature] |
| 08/25/20 1:30pm X/POD | Renew Advair 4 SPI B/D ✓ Floxam 0.05% T B/D ✓ Protonix 5mg qd ✓ Omeprazole 5mg B/D ✓ Crestor 10mg HS ✓ Floxam 0.4% qd ✓ P10mx | X/POD |
| 9/1/2020 1050 Noted 9-1-2020 @ 1120 A. Backus | Refill request received, please advise pt saline spray, eye drops and lotion need to be purchased from commissary. 1) Senne Plus II POQD PRN constipation x 30 tabs 2) Oystecal 1 tab POQD x 90 days 3) Voltaren gel Use 46 to pain site QID PRN MAX 166 x 3 tabs 4) All others have valid Rx, need refills completed by pharmacy. | [Signature] |
| 9/2/2020 822 Noted 9/2/20 11A | Labs from 9/3/2020 Acceptable * Redo Ct, Ng, Trich vag ✓ | [Signature] |

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Last First
Lucas Case

Number:

1080673

| Date/Time | Complaint and Treatment | Signature and Title |
|--|--|-------------------------|
| 8/17/20 8:17 PM <i>Noted [Signature]</i> | Pulm function test of 8/16/20 — acceptable H/W of [Signature] | [Signature] |
| 8/11/20 2:40 PM 97.9 96% 99P 114/80 (cold coffee) | To receive PFT Feels pretty good & used nasal spray (lots of help opening sinuses & no epistaxis) & inhaler Not exercising but plans to walk NAD used & cough & sputum H5122 clear full resp, & prolonged expir. Smoker's lungs & good exposure Will avoid future hand to hand contact has almost continuously & keep pr also at request STD screen Optima HIV screen, RPR, Chlamydia Trichomonas HP <i>Noted [Signature]</i> | [Signature] |
| 8/12/20 1350 <i>Noted [Signature]</i> | 8/4/2020 Lab screen for COVID negative acceptable lab 5P | [Signature] APRN, DNP-C |
| 8/18/2020 0900 95.1 97.8 T 114/76 HR 68 RR 16 <i>Noted [Signature]</i> | Pt seen to release. Quarantine w/o S/S of COVID not temp 14 days complete release from quarantine Isolation no longer needed, Neg COVID screen - [Signature] APRN, DNP-C <i>Noted 8/18/20 9:42 AM [Signature]</i> | [Signature] |
| 8/18/20 9:30 AM | Spoke to Sgt young in RHU concerning release. | [Signature] |



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS CASEL Number: 1080673
Last First

| Date/Time | Complaint and Treatment | Signature and Title |
|---|--|---------------------|
| 7/23/2020 9409 99.3, 94, 96/90 18, 153/91 | PT seen and screened for symptoms of COVID 3/p med run. PT has been in medical isolation since he run. Denies all symptoms of COVID-19 C/S: S, +S Lungs: CTARL Asymptomatic | |
| 7/23/2020 9409 99.3, 94, 96/90 18, 153/91 | * Release back to compound | Adnan M |
| 7/27/2020 951 | * Renew Amlodipine long PO q day x 180 days * Renew Xopenex 45 mcg spuffs qid PRN SOB x 180 days * Renew Atrovent 10ml 2 puffs tid PRN SOB x 180 days * Renew Atenolol 50mg PO BID x 180 days | Adnan M |
| 7/29/2020 1355 99.3, 94, 96/90 18, 153/91 | Reviewed results CXR dated 7/28/2020 - no acute finding - Acceptable | Shirley APN, DNP-C |
| 7/29/20 2000 | Offender requesting renewal of Senna plus. Chart to MD/NP. | Kyngford, RN |
| 7/30/2020 99.3, 94, 96/90 18, 153/91 | Per Deni consult of 7/29/20 - advised (under gel, no additional lesions (Sarna?) No chronic Hx 185 treated w/lenox & occasional serot 5 Rx Senna Plus 2 po q day x 30 d | Adnan M |
| 8/4/2020 | Ey. Exam Today | Shirley |

COPY



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name: Lucas Casel Number: 1080673

Last

First

Date/Time

Complaint and Treatment

Signature and Title

| | | |
|--|---|--------------------|
| 7/20/20 2 PM | Notes from Pulm & Derm reviewed Pulm on 7/16/20 = ? COPD Schedule PFTs & COVID test ordered, CXR & Transferrin echo Increased Omeprazole along BID X/Pod Keep Pulm appts. Derm - 3 macules - hyperpigmented possibly due to folliculitis - Clearse & Cinacort 1% gel qd No follow up Derm GP | <i>[Signature]</i> |
| 7/21/20 10:50 AM 932 87 9476 120 16 | Revised Pulm & Derm consults discussed need for outpatient testing (PFT, Transferrin echo at hospital. On get CXR add HSC Will inquire about pulm follow up Revised send me draw orders. No orders pending on Derm consult All questions answered, GP | <i>[Signature]</i> |

COPY

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: HAYNESVILLE CORRECTIONAL CENTER

Offender Name:

Lucas Case
Last First

Number:

1080673

| Date/Time | Complaint and Treatment | Signature and Title |
|------------------|---|---------------------|
| 7/15/20 11:30 AM | Please verify if ingrown toenail of 6/26/20 has resolved. VCM Derm appt of 7/1/20 → unknown complex etiology. Advised Clinda 100g gel pad BID per follow up by Derm needed. Confirmed darkened beard area, low back & anterior thighs - excoriated. Open w/ D cream application rather than scratching. Rx Clinda 100g gel 2 BID Open x 60d Rx Lingers 145 mg gel | |
| 7/15/20 12:00 PM | Pending Optal & Pulm consults. | <i>Levin, MD</i> |
| 7/16/2020 1046AM | Telephone Appt VCU Pulmonary Clinic & Dr. Mytinder orders chest CT, PFT'S. Please to bid cardiac U.S. Hold open chest CT until PFTS results are available. | |
| 7/16/20 11AM | Toenail assessment. Had ingrown toenail but excised pus & treated on own. Bilateral (N) toenails, & ingrown, & then pedicure, & burn on callus. No to do feet - WNL. Above Pulm recommendations acceptable. | <i>Levin, MD</i> |

COPY



Patient Report

Specimen ID: 247-245-0730-0
Control ID: TSJ45311290

Acct #: 45311290

Phone: (804) 333-3577

Rte: 05

LUCAS, CASEL

Haynesville Correctional Ctr
PO Box 129
Haynesville VA 22472



Patient Details

DOB: 08/08/1969
Age(y/m/d): 051/00/26
Gender: M
Patient ID: 1080673

Specimen Details

Date collected: 09/03/2020 0000 Local
Date received: 09/03/2020
Date entered: 09/03/2020
Date reported: 09/05/2020 1135 ET

Physician Details

Ordering: L LEVIN
Referring:
ID:
NPI: 1679545792

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

HIV Ag/Ab with Reflex; RPR; Request Problem

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--------------------------------|--------------------------|------|-------|--------------------|-----|
| HIV Ag/Ab with Reflex | | | | | |
| HIV Screen 4th Generation wRfx | Non Reactive | | | Non Reactive | 01 |
| RPR | Non Reactive | | | Non Reactive | 01 |
| Request Problem | No specimen received. | | | | 01 |
| TEST: 183160 | Ct, Ng, Trich vag by NAA | | | | |

01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact Branch: 800-873-7251 Lab: 800-762-4344

COPY

Chronic Disease Clinic Follow-Up

HAYNESVILLE CORRECTIONAL CENTER

Offender Name: LUCAS, CASELNumber: 1080673

List chronic diseases:

| | | |
|----------------|-----------------|----------------|
| 1) <u>HTN</u> | 3) <u>COPD</u> | 5) <u>BPH</u> |
| 2) <u>DM-2</u> | 4) <u>I.B.D</u> | 6) <u>PTSD</u> |

List current medications:

See MAP (attached)

Subjective: (Yes or No)

| | |
|---|--|
| Asthma: # attacks in last month? <u>0</u> # short acting beta agonist canisters in last month? <u>0</u> # times awakening with asthma symptoms per week? <u>0</u> Any wheezing? <u>N</u> Any night sweats? <u>0</u> Any systemic steroids use? <u>N</u> Any hemoptysis? <u>N</u> <u>CVD</u> Hypertension (Y/N): Chest pain? <u>N</u> SOB? <u>N</u> | Seizure disorder: # seizures since last visit? <u>0</u> Diabetes mellitus: # of hypoglycemic reactions since last visit? <u>0</u> Any polyuria? <u>0</u> Any nocturia? <u>0</u> Any orthopnea? <u>0</u> Weight loss/gain $\downarrow \uparrow$ #lbs <u>0</u> Palpitations? <u>N</u> Ankle or leg edema? <u>N</u> |
| Any dizziness since last appointment? <u>N</u> Any foot problems since last appointment? <u>N</u> Any blurred vision? <u>N</u> Any claudication? <u>N</u> Any headaches? <u>N</u> Any nausea/vomiting? <u>N</u> Rashes/Lesions? <u>N</u> Any abdominal pain/swelling? <u>N</u> Diarrhea? <u>N</u> | |

For all diseases, since last visit, describe new symptoms:

COVID-19 neg 8/14/2020Echo done: 8/21/2020: EF 68%Mild pulmonary regurg. Mild Tricuspid regurg. Mild @ atrial enlargement.
Possible outlier vsb.Patient adherence (Y/N): with medications? Y with follow up appointments? Y with diet? Y
Vital signs: Temp 98.6 BP 105/68 Pulse 61 Resp 18 Wt 203 PEFR 95% Pain scale 0

Past Labs:

Hgb A1C 7.5 BMP 6/2020 CMP 6/2020 INR 1.9 CD4 - Total Chol 90 LDL 30 HDL 40
 Trig 101 Hct 52.3 Hgb 16.9 AST 19 ALT 29 BUN 11 Creatinine 1.04
 Micro albumin 0 UA WNL CBC 6/8 EKG 3/2020 WNL LFT 0
 Drug level: 0 Other 0 Fibroscan score: 0

Range of fingerstick glucose: 90-196 mg/dL BP monitoring range: 90/68, 130/84.

Procedure:

Annual Funduscopy eye exam completed ☐ Yes ☐ No ☒ N/AAnnual dilated eye exam completed ☐ Yes ☐ No ☒ N/AAnnual foot exam completed ☐ Yes ☐ No ☒ N/A

E:

| | |
|---|--|
| HEENT/neck: <u>NC/AT, EOMI, PERLA, 0 bruits</u> | Extremities: <u>0 edema</u> |
| Heart: <u>S1+S2, NO RALG</u> | Neurological: <u>CN2-12 grossly intact</u> |
| Lungs: <u>CTABL</u> | GU/rectal: <u>defined</u> |
| Abdomen: <u>Soft NT/NO, Bst</u> | Other: <u>0</u> |

Assessment Diagnosis:

| | Degree of Control | | | | Clinical Status | | | |
|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | G | F | P | NA | I | S | W | NA |
| 1 <u>HTN</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <u>DM-2</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <u>COPD</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <u>BPH</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COPY

LUCAS, CASE

1080673

Plan/Orders:

Medication: Diagnostics/Procedures: MAR 2021: EKG ✓Labs: DEC: CBC, CMP, Lipids, HbA1c, B12, folate, UA, vit D, PSA. ✓Special needs: none Work Code ☒ Administer Influenza vaccine ☐ Administer Pneumonia vaccine

92 months

Monitoring: BP: X day/week/month Accucheck: X day/week/month Peak flow: Offender questioned regarding presence of depression and suicidal thoughts while on seizure therapy? ☐ Yes ☐ No ☐ N/AEducation provided: ☒ Nutrition ☒ Exercise ☒ Smoking ☒ Test results ☒ Medication management ☐ Lab results☒ Disease processReferral: (list type & priority level): Specialist: # Days to next visit? ☐ 1 year ☒ 180 ☐ 90 ☐ 60 ☐ 30 ☐ Other:

Additional information:

GTRD 11/4/2026LOC DMED A, 11, 12, 3, 4, 8A, 9MH 2

COPY

Provider Signature:

Adrian Huo

Date:

9/14/2020

1 COPY

VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

PCP: MATHEW MD, ALEXANDER

Visit conducted via telephone in light of COVID-19 pandemic. Haynesville Correctional Center. 804-250-4136

Reason for Follow Up: dyspnea on exertion, reactive airways disease

CC: I'm feeling better.

HPI: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up. last seen by me 7/16 with plan to obtain PFTs and better control GERD, PPI increased to BID dosing. since last visit, patient is feeling better. states his chest isn't as tight as it used to be. breathing is improved though still having to use inhalers (xopenex and atrovent) at least 3 times daily. still with nasal congestion. congestion is daily. using nasal spray (saline and flonase). also taking singulair. has never been on allergy pill.

Increase in PPI dosing has helped with acid reflux and dyspnea.

Social History:

direct exposure to burn pits and saren gas with chemicals to make mustard gas x 3 times monthly. destroying weapons of mass destruction, without masks as the time, exposed to mustard gas, saren gas updated smoking history: occasional marijuana, smoked 6 years, a pack would last around 3 days at least.

ROS: Complete systems review performed, please see HPI for pertinent positives and negatives

Medical History:

- Problem List (Active Medical Only) This information was current as of 09/10/20 @ 10:46:00.

Active:

- BP+ - Hypertension
- DM - Diabetes mellitus
- Pain with urination
- Urinary frequency
- Urinary hesitancy
- reactive airways disease
- allergic rhinitis

Home Medications This information was current as OF 09/10/20 @ 10:57:00.

Prescriptions Documented Meds By Hx:

- amlodipine(Hx): 10 mg, PO, daily
- atenolol(Hx): 50 mg, PO, twice daily
- bisacodyl (bisacodyl 5 mg oral delayed release tablet)(Hx): 5 mg, PO, daily
- calcium carbonate (Oyster Shell 500 (1250 mg calcium carbonate) oral tablet)(Hx): 1,250 mg, PO, daily
- chlorthalidone (chlorthalidone 25 mg oral tablet)(Hx): mg, PO, daily
- diclofenac topical (diclofenac 1% topical gel)(Hx): 4 g, Topical, four times daily, as needed, as needed for pain
- docusate-senna (Senna Plus)(Hx): PO, bedtime
- duloxetine(Rx): 60 mg, PO, daily
- emollients, topical (DermaCerin topical cream)(Hx): 1 application, Topical, twice daily
- emollients, topical (Hydrocerin)(Hx): Topical
- finasteride(Hx): 5 mg, PO, daily
- fluticasone nasal(Hx): Nasal, daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Hx): Inhalation, twice daily
- fluticasone-salmeterol (Advair HFA 45 mcg-21 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, twice daily
- gabapentin(Hx): 200 mg, PO, twice daily
- gabapentin (gabapentin 100 mg oral capsule)(Rx): 200 mg, PO, four times daily
- glipizide(Hx): 5 mg, PO, twice daily

COPY

VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Etab Visit**LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

-hydroxyzine(Hx): 25 mg, PO, four times daily, as needed, as needed for anxiety
 -ipratropium (Atrovent HFA)(Hx): Inhalation, four times daily
 -ipratropium (Atrovent HFA 17 mcg/inh inhalation aerosol)(Rx): 2 PUFF, Inhalation, four times daily
 -levalbuterol (Xopenex HFA 45 mcg/inh inhalation aerosol)(Hx): 2 PUFF, Inhalation, four times daily, as needed, as needed for wheezing
 -linaclotide (Linzess 145 mcg oral capsule)(Hx): mcg, PO, daily
 -mirtazapine(Hx): 45 mg, PO, bedtime
 -montelukast(Hx): 10 mg, PO, daily
 -omeprazole(Hx): 20 mg, PO, daily
 -oxybutynin(Hx): 5 mg, PO, three times a day
 -polycarbophil (Fiber Laxative)(Hx): 0.52 gm, PO, daily
 -rosuvastatin(Hx): 10 mg, PO, bedtime
 -saliva substitutes (Biotene Mouthwash)(Hx): 2 sprays, PO, daily, as needed, as needed for dry mouth
 -tamsulosin(Hx): 0.4 mg, PO, daily
 -tetrahydrozoline ophthalmic (Visine)(Hx): 2 Drops, Both Eyes, twice daily, as needed, as needed for dry eyes
 -trazodone(Hx): 50 mg, PO, bedtime

Allergies as charted in the allergies profile as of 09/10/20 11:16:13.

lithium - Hives, Hypertension

Trilafon - Hives

valproic acid - Hives

Physical Exam:

deferred given telephone visit

Labs:

Cr 0.9

Imaging:

CXR: none in system

CT: A/P from 8/2019 available. lung bases with mild bronchiectasis, otherwise unremarkable

TTE: patient declined to show to last appointment

PFT: 8/2020

[IMAGE REMOVED]

[IMAGE REMOVED]

Sleep Study: none in system

Assessment/Plan: 51 yo male with ho HTN, GERD, allergic rhinitis, and reactive airways disease in the setting of multiple military gas inhalational exposures who is scheduled for follow up.

>>reactive airways disease: in the setting of multiple military gas exposures. PFTs consistent with mild obstruction, symptoms relieved with BDs though not BD responsive. given obstruction on PFTs, please add on LAMA such as tiotropium or equivalent. can dc atrovent once LAMA added. continue advair and PRN xopenex.

- pending symptoms at follow up visit, will consider CT imaging. CXR not performed, patient not wanting to come to MCV if can avoid it

>>PND, lower extremity edema: as per reported at last visit. no showed TTE yesterday. patient and nurse informing me that ultrasound tech will be present at facility tomorrow. please obtain full transthoracic echocardiogram, will also place order in cerner.

>>GERD: symptoms improved, continue BID PPI

COPY

VCU Medical Center

Printed: 10/8/20 10:44 AM

By: HAYES (REFH015), BRITNEY

Pulmonary OP Estab Visit

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/10/20 10:45am Author MYTINGER, ANDREA Status Preliminary Source VCUHL7

>>allergic rhinitis: still with daily rhinitis. on singulair, ocean nasal spray and singulair. please add on anti-histamine such as cetirizine or equivalent.

RTC 4 months.

Discussed with Dr. Fowler, pulmonary attending.

Andrea Mytinger, DO

Pulmonary/Critical Care Fellow

=====

PERFORM Performed By: ANDREA KATHERINE MYTINGER 20200910110018 is COMPLETED

MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910110555 is COMPLETED

SIGN Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

MODIFY Performed By: ANDREA KATHERINE MYTINGER 20200910112836 is COMPLETED

Author: MYTINGER, ANDREA

Pulmonary OP Estab Visit

COPY

VCU HEALTH SYSTEM

| | | | |
|----------------------------|----------------|-----------|------------------|
| Name: LUCAS, CASEL | ID: 4369269 | BSA: 2.08 | Date: 08/06/2020 |
| Tech: Sandiford, Michelle | Height: 72.00 | Age: 50 | DOB: 08/08/1969 |
| Doctor: ADULT PULM CONSULT | Weight: 188.00 | Sex: Male | Race: Black |

Diagnosis: R06.0

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

| | Pre-Bronch | | | Post-Bronch | | |
|-----------------------|---------------|-------------|--------------|---------------|--------------|--------------|
| | <u>Actual</u> | <u>Pred</u> | <u>%Pred</u> | <u>Actual</u> | <u>%Pred</u> | <u>%Chng</u> |
| --- SPIROMETRY --- | | | | | | |
| FVC (L) | 4.68 | 4.50 | 103 | 4.57 | 101 | -2 |
| FEV1 (L) | 3.16 | 3.60 | 87 | 2.97 | 82 | -6 |
| FEV1/FVC (%) | 68 | 80 | 84 | 65 | 81 | -3 |
| FEF 25% (L/sec) | 5.66 | 7.82 | 72 | 4.44 | 56 | -21 |
| FEF 50% (L/sec) | 2.63 | 4.73 | 55 | 2.25 | 47 | -14 |
| FEF 75% (L/sec) | 0.65 | 1.69 | 38 | 0.58 | 34 | -11 |
| FEF 25-75% (L/sec) | 1.88 | 3.53 | 53 | 1.68 | 47 | -10 |
| FEF Max (L/sec) | 5.72 | 9.33 | 61 | 4.44 | 47 | -22 |
| FIVC (L) | 4.48 | | | 3.79 | | -15 |
| FIF Max (L/sec) | 4.56 | | | 2.43 | | -46 |
| FIF 50% (L/sec) | 4.54 | 4.98 | 91 | 2.24 | 44 | -50 |
| Expiratory Time (sec) | 7.03 | | | 6.37 | | -9 |

--- LUNG VOLUMES ---

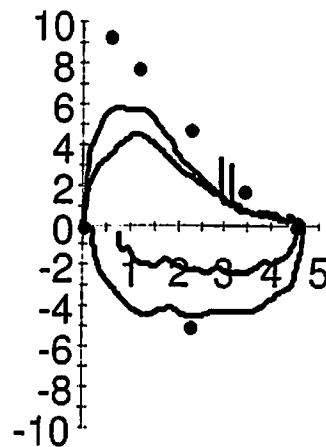
| | | | |
|--------------------|------|------|-----|
| SVC (L) | 5.03 | 4.49 | 112 |
| IC (L) | 1.53 | 2.96 | 51 |
| ERV (L) | 3.49 | 1.53 | 228 |
| TGV (L) | 5.34 | 3.53 | 151 |
| RV (Pleth) (L) | 1.84 | 2.00 | 92 |
| TLC (Pleth) (L) | 6.87 | 6.48 | 105 |
| RV/TLC (Pleth) (%) | 27 | 30 | 90 |
| Trapped Gas (L) | | | |

Post-Test Comments:

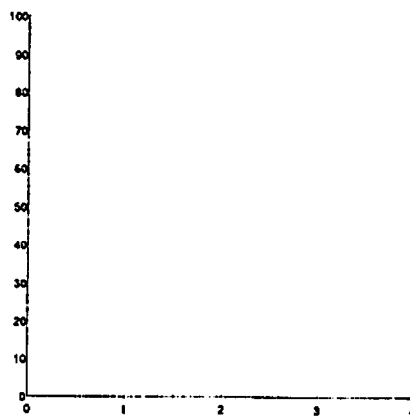
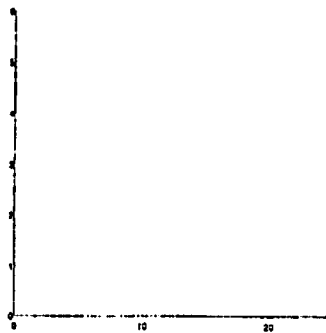
Inconsistent patient effort and cooperation ; results did not meet ATS criteria for acceptability and repeatability. Post-bronchodilator completed after 2.5 mg albuterol nebulized. Inspiratory volume < 90% VC on DLCO attempted measurement not reportable .

VCU HEALTH SYSTEM

| | | | | | | | |
|---------|---------------------|---------|---------|------|------|-------|------------|
| Name: | LUCAS, CASEL | ID: | 4369269 | BSA: | 2.08 | Date: | 08/06/2020 |
| Tech: | Sandiford, Michelle | Height: | 72.00 | Age: | 50 | DOB: | 08/08/1969 |
| Doctor: | ADULT PULM CONSULT | Weight: | 188.00 | Sex: | Male | Race: | Black |



• Pred — Pre — Post



VCU HEALTH SYSTEM

| | | | | | | | |
|---------|---------------------|---------|---------|------|------|-------|------------|
| Name: | LUCAS, CASEL | ID: | 4369269 | BSA: | 2.08 | Date: | 08/06/2020 |
| Tech: | Sandiford, Michelle | Height: | 72.00 | Age: | 50 | DOB: | 08/08/1969 |
| Doctor: | ADULT PULM CONSULT | Weight: | 188.00 | Sex: | Male | Race: | Black |

Spirometry reveals mild obstructive lung disease. Lung volumes are within normal limits. The flow volume loop indicates obstructive lung disease. Interpret with caution given the patient's difficulty with performance of pulmonary function studies.

Alpha A. Fowler, III, MD, #8510

««This interpretation has been electronically signed: Fowler, Alpha 08/10/2020 02:52:52 PM»»

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

VCU Medical Center
1200 E. Marshall Street
Richmond, VA 23298
Phone: 804-828-9986

Transthoracic Echocardiography Report

Name: LUCAS, CASEL Study Date: 10/16/2020 02:14 PM

Attending Physician: MYTINGER,

ANDREA

Accession#: AH2026003

MRN: 4369269

Patient Location: KAHS...VCUHS

DOB: 08/08/1969

Gender: Male

Age: 51 yrs

BP: 129/93 mmHg

Height: 71.5 in

Weight: 201 lb

BSA: 2.1 m2

Heart Rate: 58

Reason For Study: Dyspnea

History: Hypertension, diabetes
mellitus

PROCEDURE

Procedure(CPT Code): TTE Complete (93306-26) 2D with Doppler and Color Flow:
No add on codes required).

Interpretation Summary

Normal left ventricular dimensions with normal segmental function, ejection
fraction, global longitudinal strain, and diastolic function.

The right ventricle is normal in size and function with mildly elevated
systolic pressure.

Normal valves.

Normal atrial and inferior vena caval dimensions.

BH

LEFT VENTRICLE

Normal left ventricular dimensions with normal segmental function, ejection
fraction, global longitudinal strain, and diastolic function. LV ejection
fraction = 60%.

RIGHT VENTRICLE

The right ventricle is normal in size and function.

LEFT ATRIUM

The left atrial size is normal.

RIGHT ATRIUM

COPY

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult**LUCAS, CASEL**

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

Right atrial size is normal.

AORTIC VALVE

The aortic valve is normal in structure and function.

MITRAL VALVE

Structurally normal mitral valve with trivial regurgitation.

TRICUSPID VALVE

Structurally normal tricuspid valve with mild regurgitation. Tricuspid regurgitation peak velocity is 2.8 m/sec. Estimated right atrial pressure is 5 mmHg. Estimated right ventricular systolic pressure is 36 mmHg. Mild elevation of right ventricular systolic pressure.

PULMONIC VALVE

Structurally normal pulmonic valve. Trace pulmonic valvular regurgitation.

ARTERIES

The aortic root is normal size. The proximal ascending aorta appears normal. The transverse aorta appears normal. The proximal descending aorta appears normal. The pulmonary artery is normal size.

VENOUS

The inferior vena cava is normal in size.

EFFUSION

Insignificant pericardial effusion or subepicardial fat.

Normal Values

IVSd: 0.7cm - 1.2cm LVIDd: 3.5cm - 5.5cm LVIDs: 2.5cm - 4.0cm
 LVPWd: 0.7cm - 1.1cm LA: 1.9cm - 3.8cm Ao: 2.0cm - 3.7cm
 EF: (55 - 75%) LA Area: <> RA Area: <>
 RVd: 4.3cm LV Mass(Men): <> LV Mass(Women): <>
 LV Mass Index(Men): <116g> LV Mass Index(Women): <96g>

MMode/2D Measurements \T\ Calculations

RVd: 3.7 cm LVIDd: 4.8 cm LV mass(C)d: 144.5 grams
 IVSd: 0.85 cm LVIDs: 3.4 cm LV mass(C)dl:
 LVPWd: 0.91 cm 68.0 grams/m2

Ao root diam: 3.6 cm asc Aorta Diam: 3.0 cm LA/Ao: 0.74
 LA dimension: 2.7 cm desc Ao Diam: 1.4 cm LVOT diam: 2.3 cm

MPA diam: 1.8 cm LVLs ap4: 7.2 cm TAPSE: 1.7 cm

COPY

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

IVC Diam_: 1.4 cm RA ESA: 14.4 cm2 LA A4Cs: 15.7 cm2

LA ESV (MOD-BP): LA volume MOD BP Indexed:
44.0 ml

20.7 ml/m2

Time Measurements

Aortic R-R: 1.0 sec

Aortic HR: 59.0 BPM

Doppler Measurements \T\ Calculations

MV E max vel: 46.2 cm/sec MV dec slope: 145.5 cm/sec2 Ao V2 max: 89.5 cm/sec

MV A max vel: 39.9 cm/sec MV dec time: 0.32 sec Ao max PG: 3.0 mmHg

MV E/A: 1.2

Ao V2 mean: 62.2 cm/sec

Ao mean PG: 1.8 mmHg

Ao V2 VTI: 19.5 cm

AVA(I,D): 3.1 cm2

AVA(V,D): 3.2 cm2

LV V1 max PG: 2.0 mmHg CO(LVOT): 3.5 l/min TR max vel: 278.3 cm/sec

LV V1 mean PG: 1.0 mmHg SV(LVOT): 60.1 ml TR max PG: 31.3 mmHg

LV V1 max: 71.1 cm/sec

LV V1 mean: 47.2 cm/sec

LV V1 VTI: 15.0 cm

AV VR: 0.79

MV P1/2t-pr_: 93.0 msec RV S Vel: 9.4 cm/sec

AVA(VTI)/BSA: 1.5

MV LAT E': 10.3 cm/sec MV LAT E/E': 4.5

MV MED E': 8.8 cm/sec

MV MED E/E': 5.2

BW

COPY

Electronically Signed By:

Walter Paulsen, MD on 10/17/2020 03:52 PM

Performed By: Cara Martin

MRN: 4369269

Please click on link to see image.

VCU Medical Center

Printed: 10/19/20 11:20 AM

By: HAYES (REFH015), BRITNEY

CV: Echo Transthoracic-Adult

LUCAS, CASEL

Age: 51Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 10/16/20 02:14pm Author MYTINGER, ANDREA Status Auth (Verified) Source VCUHL7

=====

ORDER Performed By: ANDREA KATHERINE MYTINGER 20201016141446 is COMPLETED

PERFORM Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

VERIFY Performed By: WALTER H.J. PAULSEN 20201016141446 is COMPLETED

Author: MYTINGER, ANDREA

CV: Echo Transthoracic-Adult

BON

COPY



Patient Report

Specimen ID: 247-245-0730-0
Control ID: TSJ45311290

Acct #: 45311290

Phone: (804) 333-3577

Rte: 05

LUCAS, CASEL

Haynesville Correctional Ctr
PO Box 129
Haynesville VA 22472



Patient Details

DOB: 08/08/1969
Age(y/m/d): 051/00/26
Gender: M
Patient ID: 1080673

Specimen Details

Date collected: 09/03/2020 0000 Local
Date received: 09/03/2020
Date entered: 09/03/2020
Date reported: 09/05/2020 1135 ET

Physician Details

Ordering: L LEVIN
Referring:
ID:
NPI: 1679545792

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

HIV Ag/Ab with Reflex; RPR; Request Problem

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|---------------------------------------|-----------------------|------|-------|--------------------|-----|
| HIV Ag/Ab with Reflex | | | | | |
| HIV Screen 4th Generation wRfx | Non Reactive | | | Non Reactive | 01 |
| RPR | Non Reactive | | | Non Reactive | 01 |
| Request Problem | | | | | |
| | No specimen received. | | | | 01 |
| TEST: 183160 Ct, Ng, Trich vag by NAA | | | | | |

01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Dir: Sanjai Nagendra, MD

For inquiries, the physician may contact Branch: 800-873-7251 Lab: 800-762-4344

COPY

VCU Medical Center

Printed: 5/29/20 1:11 PM

By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 05/01/20 10:16am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

VCU HEALTH SYSTEM

MCV HOSPITALS AND PHYSICIANS

Richmond, Virginia 23298

UROLOGY ESTABLISHED VISIT NOTE

NAME: LUCAS, CASEL

DOB: 08/08/1969

MRN: 4369269

VISIT DATE: May 01, 2020

ATTENDING: G/U, SURG

COLLABORATING PHYSICIAN: Lance J. Hampton, MD

REASON FOR VISIT: BPH.

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 50-year-old incarcerated gentleman with a past medical history of an enlarged prostate and lower urinary tract symptoms. He has had an STI many years ago, while he was in the Military and he believes that all his symptoms started after that, despite being told many times that with his age an enlarged prostate that is likely contributing to some of his symptoms. The patient still believes that a lot of this started as a result of the STI he obtained. He has had significant improvement. However, on Flomax, finasteride, and oxybutynin, on his irritative and obstructive symptoms, he gets up about 3 times at night which is a great improvement because he was getting up about every 20 to 30 minutes before starting on medication, and the oxybutynin helped him even more. He is still getting postvoid incontinence, and he states that is not just a trickle when he thinks he has done, he pulls up his garments, and he soaks completely. This is significantly in fact affecting his quality of life and the patient states that he is possibly interested in surgical intervention.

SOCIAL HISTORY: He is still incarcerated.

REVIEW OF SYSTEMS: A complete review of systems is done and negative except per HPI.

PHYSICAL EXAMINATION: Physical exam not done because this is a telemedicine service.

PERSONAL REVIEW OF LABS: Most recent PSA was back in July of last year, it was 0.7.

ASSESSMENT AND PLAN: This is a 50-year-old incarcerated gentleman found to have an enlarged prostate on a cystoscopy. He has lower urinary tract symptoms that did improve with Flomax, finasteride, and oxybutynin but he continues to get up about 3 times a night which is not as bothersome as the postvoid incontinence that he is still experiencing. He feels that is affecting his quality of life significantly and is hoping that surgical intervention may resolve those symptoms. He had a scope again back in September, so we probably should repeat that maybe this coming September or October at least a year from the previous one to see what type of growth he may have had and at that point, we can determine if he is a candidate for a photovaporization of the prostate.

I personally spent about 15 minutes providing above services or telemedicine and I explained the patient expressed an understanding that this was in place of an in-person visit. Date of the call was 05/01/2020. I did send a message to our clerical team asking that they mail his VA paperwork that I filled out a few months ago to the patient's facility directly as he stated that he needs that information.

Regina C. Foster, PA

VCU Medical Center

Printed: 5/29/20 1:11 PM
By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 05/01/20 10:16am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

RCF/MedQ D05/01/2020 T05/01/2020 R
J503885/878866484

=====

PERFORM Performed By: REGINA C FOSTER 20200501113339 is COMPLETED
TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20200501112500 is COMPLETED
SIGN Performed By: REGINA C FOSTER 20200501125716 is COMPLETED
MODIFY Performed By: REGINA C FOSTER 20200501125716 is COMPLETED
VERIFY Performed By: REGINA C FOSTER 20200501125716 is COMPLETED

Author: FOSTER PA, REGINA
Urology OP Estab Visit

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 01/03/20 11:57am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

VCU HEALTH SYSTEM

MCV HOSPITALS AND PHYSICIANS

Richmond, Virginia 23298

Urology Established Visit Note

NAME: LUCAS, CASEL

DOB: 08/08/1969

MRN: 4369269

VISIT DATE: January 03, 2020

ATTENDING: G/U, SURG

COLLABORATING PHYSICIAN: Dr. Riccardo Autorino.

REASON FOR VISIT: Followup on lower urinary tract symptoms.

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 50-year-old incarcerated veteran, that has had issues urinating for years. He had an STD many years ago and we set him up for a cystoscopy to check to see if there was a stricture, which can be as a result of an STD. However, his cystoscopy was normal except for an enlarged prostate and we did discuss that that is possibly a cause of some of the symptoms he is experiencing. He feels like with the addition of finasteride, he has had some improvement on the nocturia as well as the straining and weak stream. His stream is still splitting however and he is getting up about 4 times at night before it was every 20 to 30 minutes.

SOCIAL HISTORY: He is still incarcerated.

REVIEW OF SYSTEMS: A complete review of systems is done and it is negative except per HPI.

PHYSICAL EXAMINATION: VITALS: Blood pressure is 147/106, pulse is 85, and respirations are 17. GENERAL: He is not in any apparent distress. PSYCH: Alert and oriented x3. CARDIOVASCULAR: Adequate peripheral perfusion. No edema. PULMONARY: Normal respiratory effort on room air.

Personal review of imaging showed an enlarged prostate. Small lesions on the kidney, that appear to be cysts, concerning cysto again showed some enlargement, but the attending did not feel that surgical intervention was indicated at that time, so I will fill out this paperwork that he has for the VA. The patient feels like some of his symptoms are as a result of some exposure he had in the military, which is a possibility, but there is not a lot of ways we can determine if that is _____ or not. The paperwork will be sent back to the patient on the address that was provided.

Regina C. Foster, PA

RCF/MedQ D01/03/2020 T01/03/2020 R
J163555/866968548

=====

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 01/03/20 11:57am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

PERFORM Performed By: REGINA C FOSTER 20200103132702 is COMPLETED

TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20200103131900 is COMPLETED

SIGN Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

MODIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

VERIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

Author: FOSTER PA, REGINA

Urology OP Estab Visit

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology Procedure Note

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 09/04/19 04:03pm Author HAMPTON MD, LANCE Status Auth (Verified) Source VCUHL7

Urology Clinic Procedure

| LUCAS, CASEL |PROCEDURE DATE: September 04, 2019 ||

| DOB: 08/08/1969|||

| MRN: 4369269|||

ATTENDING: Lance J. Hampton, MD

HISTORY: Mr. Lucas is a 50-year-old man, who is an inmate, who was sent to me by Regina Foster for cystoscopy for microscopic hematuria and also for rule out stricture because of his history of STDs and his urethral discomfort, and difficulty urinating. After obtaining informed consent, he was taken to the procedure room, prepped and draped in usual sterile fashion. Flexible cystourethroscopy was performed. This revealed no abnormalities of bladder mucosa, tumors, lesions, or stones. The urethra was normal. He has mildly enlarged bilobar hyperplasia of the prostate. He tolerated the procedure without any difficulty or complications and was discharge in stable condition. He will follow up as needed.

Lance J. Hampton, MD
Chairman, Division of Urology
Barbara and William Thalheimer Professor of Urology
VCU Medical Center
PO Box 980118
Richmond, VA 2329
(Ph): 804-828-9331
(Fax): 804-828-2307
(Email): lhampton@mcv-vcu.edu

LJH/MedQ D09/04/2019 T09/04/2019 R
J267609/852972160

=====

PERFORM Performed By: LANCE J HAMPTON 20190904184752 is COMPLETED
TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20190904184400 is COMPLETED
SIGN Performed By: LANCE J HAMPTON 20190906112724 is COMPLETED
VERIFY Performed By: LANCE J HAMPTON 20190906112724 is COMPLETED

Author: HAMPTON MD, LANCE
Urology Procedure Note

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology OP Initial Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 07/19/19 11:59pm Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

Urology Initial Visit Note**NAME:** LUCAS, CASEL**DOB:** 08/08/1969**MRN:** 4369269**VISIT DATE:** July 19, 2019**ATTENDING:** Regina C. Foster, PA**COLLABORATING PHYSICIAN:** Luriel I Smith-Harrison, MD**REASON FOR VISIT:** Lower urinary tract symptoms and blood in the urine.

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 49-year-old incarcerated gentleman, presenting as a new patient to the Urology Team. He states that back in 1990 while he was in the military, he was treated for gonorrhea, states that after treatment the burning that he would experience with urination never resolved. He underwent a second treatment, it still persisted. He states that he has had a subsequent tests for gonorrhea and chlamydia that were negative; however, he has urgency with hesitancy that is being going on pretty much since he started with the burning many years ago. He also has a burning sensation with ejaculation and occasionally he sees blood. He has to strain to empty his bladder. He was put on Flomax about 4 to 5 months ago, he states that it helps some with the flow. He gets up 7 times at night to void at least and has frequency during the day as well. He has some postvoid dribbling and his stream splits just about every time he urinates. In addition, he has difficulty maintaining an erection.

PAST MEDICAL HISTORY: For high blood pressure.

SOCIAL HISTORY: He is incarcerated.

FAMILY HISTORY: No known family history of prostate, bladder, or renal cancer.

REVIEW OF SYSTEMS: A complete review of systems is done and negative except per HPI.

PHYSICAL EXAMINATION: GENERAL: He is not in any apparent distress.

PSYCH: Alert and oriented x3. Normal mood and affect.

HEENT: Sclerae nonicteric. Extraocular movements intact.

PULMONARY: Normal respiratory effort on room air.

CARDIOVASCULAR: Adequate peripheral perfusion. No edema.

ABDOMEN: Not tender or distended.

GU: DRE reveals a 40 g prostate that was smooth and without tenderness.

MUSCULOSKELETAL: Gait is normal.

EXTREMITIES: Full range of motion.

SKIN: Warm and dry to the touch.

LABORATORY DATA: Personal review of labs; a postvoid residual bladder scan showed 32 mL left in his bladder.

ASSESSMENT AND PLAN: This is a 49-year-old incarcerated gentleman, that has lower urinary tract symptoms pretty classic for BPH; but according to the patient, these have been going on since 1990 when he was in the military after being treated for gonorrhea. Because he has had blood in his urine, I do want to do a hematuria workup with a CT urogram to check upper tracts as well as a cystoscopy to check lower. We will also check to see if the patient has a stricture given his history of sexually transmitted infection in the past. He is going to continue Flomax. I

VCU Medical Center

Printed: 5/29/20 12:52 PM

By: KING (REFH015), BRANDY

Urology OP Initial Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 07/19/19 11:59pm Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

will have the facility add finasteride as well to see if that may provide him with additional benefit.

Regina C. Foster, PA

RCF/MedQ D07/21/2019 T07/21/2019 R
J032310/847171099

=====

PERFORM Performed By: REGINA C FOSTER 20190721101816 is COMPLETED
TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20190721101000 is COMPLETED
SIGN Performed By: REGINA C FOSTER 20190722093944 is COMPLETED
MODIFY Performed By: REGINA C FOSTER 20190722093944 is COMPLETED
VERIFY Performed By: REGINA C FOSTER 20190722093944 is COMPLETED

Author: FOSTER PA, REGINA
Urology OP Initial Visit

VCU Medical Center

Printed: 05/29/20 12:53PM

By: KING (REFH015), BRANDY

CT: Abd/Pelvis (urography) w/o

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 08/07/19 12:22pm Status Auth (Verified) Source VCUHL7

CT: Abd/Pelvis (urography) w/o

Procedure: CT: Abd/Pelvis (urography) w/o

Reason For Study: Hematuria

Ordering Physician: FOSTER PA, REGINA C

Abdomen pelvis CT scan without and with IV contrast material and CT urogram dated 8/2/2019

COMPARISON: None.

TECHNIQUE: CT scans were obtained throughout the abdomen and pelvis without oral contrast material and initially without intravenous contrast material. Scans were then repeated following uneventful intravenous administration of 150 mL of Omnipaque 300. Delayed images through the abdomen and pelvis were also obtained. Sagittal and coronal reconstructions as well as the reconstructed 3-D urogram image was also obtained and submitted.

FINDINGS: Limited imaging of the lung bases showed no abnormality. The heart size was normal. The liver was normal in size with no focal defects. The gallbladder, pancreas, and spleen all had a normal appearance.

The adrenal glands were normal. Both kidneys were normal in size with no perinephric soft tissue stranding. No radiopaque calculus was noted. There were bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts. Excretory phase imaging showed the ureters and bladder to be normal. The calyces had brush border throughout consistent with medullary sponge kidney. There was an enlarged prostate gland indenting the bladder base.

The abdominal aorta showed minimal scattered calcifications with scattered calcifications in the common iliac arteries. There was no evidence of aneurysm.

A small hiatal hernia was noted. The stomach, small bowel, and colon had a normal appearance aside from the presence of sigmoid and descending colon diverticulosis.

Images the pelvis showed a moderately enlarged prostate gland indenting the bladder base. The seminal vesicles were normal.

The bony structures showed minimal degenerative osteophytes the lumbar spine with no suspicious osseous lesion.

Conclusions:

1. No evidence of mass, calculus, or hydronephrosis. Kidneys normal in size. Bilateral subcentimeter cortical hypodensities, too small to characterize but likely small cysts.
2. Brush border appearance of calyceal cups, consistent with medullary sponge kidney.
3. Moderate enlargement of prostate gland indenting the bladder base. Bladder otherwise normal.
4. Small hiatal hernia.
5. Diverticulosis

Dictated By: Mary A. Turner

Electronically Verified by: Mary A. Turner 8/7/2019 12:22 PM

Medical Center

Printed: 1/8/20 2:46 PM

By: LEWIS RN (REFH015), BREND

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time 01/03/20 11:57am Author FOSTER PA, REGINA Status Auth (Verified) Source VCUHL7

VCU HEALTH SYSTEM

MCV HOSPITALS AND PHYSICIANS

Richmond, Virginia 23298

Urology Established Visit Note

NAME: LUCAS, CASEL

DOB: 08/08/1969

MRN: 4369269

VISIT DATE: January 03, 2020

ATTENDING: GU, SURG

COLLABORATING PHYSICIAN: Dr. Riccardo Autorino.

REASON FOR VISIT: Followup on lower urinary tract symptoms.

HISTORY OF PRESENT ILLNESS: Mr. Lucas is a 50-year-old incarcerated veteran, that has had issues urinating for years. He had an STD many years ago and we set him up for a cystoscopy to check to see if there was a stricture, which can be as a result of an STD. However, his cystoscopy was normal except for an enlarged prostate and we did discuss that that is possibly a cause of some of the symptoms he is experiencing. He feels like with the addition of finasteride, he has had some improvement on the nocturia as well as the straining and weak stream. His stream is still splitting however and he is getting up about 4 times at night before it was every 20 to 30 minutes.

SOCIAL HISTORY: He is still incarcerated.

REVIEW OF SYSTEMS: A complete review of systems is done and it is negative except per HPI.

PHYSICAL EXAMINATION: VITALS: Blood pressure is 147/106, pulse is 85, and respirations are 17. GENERAL: He is not in any apparent distress. PSYCH: Alert and oriented x3. CARDIOVASCULAR: Adequate peripheral perfusion. No edema. PULMONARY: Normal respiratory effort on room air.

Personal review of imaging showed an enlarged prostate. Small lesions on the kidney, that appear to be cysts, concerning cysto again showed some enlargement, but the attending did not feel that surgical intervention was indicated at that time, so I will fill out this paperwork that he has for the VA. The patient feels like some of his symptoms are as a result of some exposure he had in the military, which is a possibility, but there is not a lot of ways we can determine if that is _____ or not. The paperwork will be sent back to the patient on the address that was provided.

Regina C. Foster, PA



RCF/medQ D01/03/2020 T01/03/2020 R
J163555/866968548

Medical Center

Printed: 1/8/20 2:46 PM

By: LEWIS RN (REFH015), BRENDA

Urology OP Estab Visit

LUCAS, CASEL

Age: 50Y Gender: M DOB: 08/08/1969 MRN: 4369269 Phone: 8043333577

Date/Time: 01/03/20 11:57am Author: FOSTER PA, REGINA Status: Auth (Verified) Source: VCUHL7

PERFORM Performed By: REGINA C FOSTER 20200103132702 is COMPLETED

TRANSCRIBE Performed By: MEDRITE-RTF CONTRIBUTOR_SYSTEM 20200103131900 is COMPLETED

SIGN Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

MODIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

VERIFY Performed By: REGINA C FOSTER 20200103155826 is COMPLETED

Author: FOSTER PA, REGINA

Urology OP Estab Visit

1/8/20
B

Health Services Complaint and Treatment Form 720_F17_7-12

Revision Date: 2/23/07



VIRGIN
DEPARTMENT OF CORRECTIONS

Health Services Consultation Report 720_F23_7-12

Health Services Consultation Report

**DO NOT TELL
OFFENDER ABOUT
APPOINTMENTS**

PLEASE BILL TO ANTHEM

| | | | | |
|-----------------------------|---------------------------------|---------------------|---------------------|---------------------|
| Sending Facility: | HAYNESVILLE CORRECTIONAL CENTER | | Date: | 1/3/2020 |
| Offender Name: | Lucas, Casel | | Offender #: | 1080673 |
| SS#: | 228-29-8166 | DOB: | 8/8/1969 | T/D: 4369269 |
| Allergies: | | | | |
| Current Medications: | SEE MARS | | | |
| Referred By: | LEONARD LEVIN, MD | Referred To: | VCU General Surgery | |
| Medical Complaint: | Procedure | | | |

LUCAS, CASEL
4369269
01/03/20 N B SUIY
FOSTER PA (SUI), REGIN
VIS#: 706 175696453
DOB: 08/08/69
VCUHS
UNOS

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | |
|---|---|---------------------|
| Findings: | Post-Void Residual: 19 | |
| Lab or X-ray Results: | | |
| Diagnosis: | LUTS | |
| Treatment and Medications Recommended: | Continue Finasteride & Flomax may add oxybutynin will complete VA Forms | |
| Restrictions: | | |
| Consulting Physician: | <i>[Signature]</i> | Date: 1/3/20 |
| Follow-up appointment date and time: | 1 month's follow up 5/1/2020 @ 800AM | |

Revision Date: 1/17/07

PLEASE FAX NOTES/RESULTS TO 804-333-3826

**VIRGINIA DEPARTMENT OF CORRECTIONS/VCU MEDICAL CENTER
PRE-REGISTRATION REQUEST FORM**

(This form is to be used when requesting tests or clinic/telemedicine appointments)

PATIENT INFORMATION

| | | | |
|---|---|-------------|-----------------|
| Date: 9/3/19 | Demographic Sheet Included: | | |
| Name (last name, first name, middle initial): Lucas Casel | | | |
| Date of Birth: 8/8/1964 | Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Race: Black | SSN: 22829-8160 |
| Inmate ID #: 1080673 | Release Date: 4/22/2027 | VCUHS MR # | |

FACILITY INFORMATION

| | |
|--|---------------------|
| Correctional Facility: HAYNESVILLE CORRECTIONAL CENTER | Address: PO BOX 129 |
| City: HAYNESVILLE VA | Zip Code: 22472 |
| Phone: 804-250-4136 | Fax: 804-333-3826 |
| Facility Physician: DR LEONARD LEVIN/DR ADAN DURRANI Person completing form: | |

REQUEST DETAILS

Appointment Request for
Pulmonology Clinic

☒ On-site ☐ Telemedicine

☒ New Patient

☐ Follow up

Next available appointment will be given.

If checked, please forward information ASAP prior to scheduled appointment. NOTE: Send Current MAR and recent lab/diagnostic reports in travel envelope for ALL OnSite visits.

- ☐ Current Medication Record
- ☐ Recent labs
- ☐ EKG
- ☐ Films or x-rays with actual reports
- ☐ Immunization Record
- ☐ Vital Sign Sheet
- ☐ Neurosurgery Questionnaire
- ☐ MRI Checklist
- ☐ DISK – send with Pre-Reg

| | | |
|---|----|--|
| VCU Medical Center Department of Telemedicine P.O. Box 980531 Richmond, Va. 23298-0531 | OR | VCU Medical Center Security Care Clinic P.O. Box 985879 Richmond, VA 23298-0531 |
|---|----|--|

Please provide DIAGNOSIS and/or REASON for the visit

See attached QMC - Hx of exposure to nerve gas in Gulf War - also nerve agents - SOB after walking

SPECIAL NEEDS INFORMATION

CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Are Sign Language Interpreter Services needed? | <input checked="" type="checkbox"/> Other special needs: |
| <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Is a Foreign Language Interpreter needed and if so what language? | |
| <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Is the Patient on a ventilator &/or on a stretcher? | |
| <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Does the Patient have a trachea tube? | |
| <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Is the Patient being transported by an ambulance? | |

Appointment Process & Important Information

All requests for clinical services at VCUHS must be authorized and signed by the referring facility's authority.

- Barbara Granderson – 628-0425, Naomi Boswell 628-4500, Lakita Boyd 628-3805
- FAX this form to Barbara Granderson/Naomi Boswell: (804) 628-3932 to request Telemedicine service.
- FAX this form to Lakita Boyd: (804) 325-2923 to request Onsite service.

SCHEDULED APPOINTMENT

(This section to be completed by VCUHS Staff)

|| TELEMEDICINE || ON-SITE at VCU-Medical Center

Date:

Time:

AM PM



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Co. Consultation Report 720_F23_7-12

Health Services Consultation Report

**DO NOT TELL
OFFENDER ABOUT
APPOINTMENTS**

PLEASE BILL TO ANTHEM

| | | | | | |
|----------------------|---------------------------------|------|--------------|----------------------|---------|
| Sending Facility: | HAYNESVILLE CORRECTIONAL CENTER | | Date: | 3/12/2020 | |
| Offender Name: | LUCAS, CASEL | | Offender #: | 1080673 | |
| SS#: | 228-29-8166 | DOB: | 8/8/1969 | T/D: | 4369269 |
| Allergies: | | | | | |
| Current Medications: | SEE MARS | | | | |
| Referred By: | LEONARD LEVIN, MD | | Referred To: | VCU PULMONARY CLINIC | |
| Medical Complaint: | FOLLOW UP | | | | |

LUCAS, CASEL, VCUHS
4369269 DOB: 08/08/69
03/12/20 M B 50Y
DEFAULT, PROVIDER PULO
VISH: 706 175724351

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | |
|--|--|---------------|
| Findings: | See attached | |
| Lab or X-ray Results: | | |
| Diagnosis: | ① Suspect COPD will obtain PFTs ② Allergic rhinitis | |
| Treatment and Medications Recommended: | ① Switch Alvesco to Advair or similar ② Start nasal steroid spray | |
| Restrictions: | | |
| Consulting Physician: | Alpha Fowler | Date: 3/12/20 |
| Follow-up appointment date and time: | 3 mos | |

AP
3/16/2020

BK

Revision Date: 1/17/07

PLEASE FAX NOTES/RESULTS TO 804-333-3826

JUNE 11th 2020 @ 8:00 AM



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt

866.1 A-3

DOC Location: HCC Haynesville Correctional Center

Report generated by Hand, P W

Report run on 06/16/2020 at 03:59 PM

Grievance Number: HCC-20-INF-01137Next Action Date: 07/01/2020 12:00 AM

| | | |
|--|------------|-----------------------------------|
| On this date: | 06/16/2020 | I have received a statement from: |
| Lucas, Casel F | 1080673 | Haynesville Correctional Center |
| | of | HU2-A-38-B |
| (Offender Name and DOC#) | | (Filed Location and Housing) |
| Setting out the following complaint: | | |
| S Westman - Complaint about IERP has no mention to include offender with disabilities. | | |
| PHand | | OSS |
| (Signature) | | (Title) |

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: CASEL F. LUCAS Offender Number: 1020613 Housing Assignment: 2-A-38-B
Individuals Involved in Incident: Warden Nichols Date/Time of Incident: 2 Jun 2020

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Discrimination in IERP Program

RECEIVED

JUN 18 2020

Briefly explain the nature of your complaint (be specific): Discrimination Against Me Being Excluded in Class 1 Release and Violent Sex Offense is discriminatory.
The IERP has NO mention to include offenders with disabilities as much as
① Americans with Disabilities Act of 1990 is amended (42 U.S.C. § 12401 et seq) ② Virginia with
Disabilities Act (Code § 51.5-1 et seq.) ③ VADOC JOP 801.3 Managing Offenders with Disabilities
I sent a REASONABLE Accommodations Request to Facility and Requesting that I C. Lucas inmate with
Disabilities be included into the IERP Program to go home. The 1 yr or less is irrelevant
The fact that I'm a parole eligible inmate every year I should be included especially with my Mental Health
Disabilities and Chronic Lung Disease, Heart Condition, Hypertension, and Diabetes. This is what VADOC agreed to.
Offender Signature: Casel F. Lucas Date: 14 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-16-2020 Tracking # HCC-20-INF-01137
Response Due: 7-1-2020 Assigned to: S. Wetherman JPM
Action Taken/Response:

Respondent Signature: _____ Printed Name and Title: _____ Date: _____

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
Staff Witness Signature: _____ Date: _____

STAFF WITNESS I William H. [Signature] 14 Jun 2020

VS
BHE

NON
COMPLIANCE
TORT
Claim
With Exhibits

Notarize

NOTICE OF CLAIM
Pursuant to Virginia Code §8.01-195.6

CERTIFIED MAIL – RETURN RECEIPT

TO:

Attorney General of the Commonwealth of Virginia
900 East Main Street
Richmond, Virginia 23219

Director
Department of General Services
Division of Risk Management
109 Governor Street, 4th Floor
James Madison Building

Re: Claimant: CASEY F. LUCAS

Date of Injury: 2 June 2020

Place of Injury: HAYNESVILLE Correctional Center VA DOC

To Whom It May Concern:

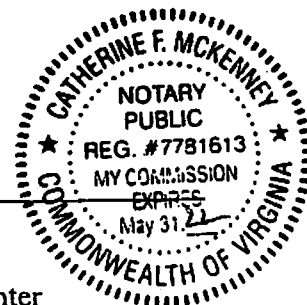
The Purpose of this correspondence is to make claim against the Commonwealth of Virginia and its departments or agencies and their responsible employees in regards to the damages and injuries as set forth in the accompanying Notice of Tort Claim Against the Commonwealth.

Please acknowledge receipt of this Notice and apprise me of your position in this matter.

Respectfully yours,

Date: 23 Jun 2021

Cathy F. McKenney



Inmate# 1088773
Haynesville Correctional Center
Post Office Box 129
Haynesville, Virginia 22472

County/City of Richmond, Commonwealth of Virginia
The foregoing instrument was subscribed and sworn before me this
23rd day of June, 2020.
Cathy F. Lucas
(Name of person seeking acknowledgement)

Cathy F. McKenney
Notary Public

My Commission expires: 5-31-22
Notary Reg. No. 7781613

3. The date and location of the injury giving rise to this cause of action are:

Location: Haynesville Correctional Center

Virginia Dept. of Corrections

Date: 2 June 2020

4. The nature of this claim and injury or damage is described as follows:

- 1) ~~Mental Anguish~~ **NON COMPLIANCE of Stipulated Settlement Agreement Whorley v. Northham**
 Case No: 3:20-cv-00255
- 2) **Discrimination of An Inmate and person with disabilities to Participate in the Inmate Early Release Plan. I was Intentionally Excluded To Participate. There is NO language To Include Persons with Disabilities.**

3) **I Am Made to endure exposure of the DEADLY COVID-19 with The Critical Medical Issues and Chronic Conditions.**

A.) Heart Condition blood is Regurgitating out of the Right Side of my Heart

B.) Hypertension

C.) ~~Insignificant~~ **Enlarged Heart**

D.) Chronic Bronchitis

E.) Asthma, REACTIVE AIRWAY DISEASE, Acute Respiratory Disease

F.) Diabetes

G.) RECURRENT Upper Respiratory Infections. (H.) PTSD **military Service connected 100%**

With MY Chronic Respiratory Diseases & Disabilities, MY Health Conditions Alone should have Qualified ME. However

NO OFFICIAL IN VDOC Adhered to The "Stipulated Settlement Agreement in Whorley v. Northham Pg. 2 ii VDOC is also

Considering an individual's health conditions. NO ONE IN VDOC HAS DONE THIS. When I ask to be considered under this Section of the Agreement

I am told I do not Qualify because I have more than 12 months.

This is false NO language in this part of the Agreement that stipulates 12 months or less. It do have language that stipulates VDOC will consider

an individual's Health as being a Higher Risk.

Discrimination is not allowed ADA Americans with Disabilities Act 1990 + VDA Virginia Disability Act 42 USC § 12101 et seq.

5. The State Agency or Agencies averred to be liable are:

Commonwealth of Virginia
Virginia Dept. of Homeland Security

18.1 Settlement Tort Claim.

Charles F. Lucas
VSP# 1080673
41A 27th Ave
421 Barranfield Road
Charlottesville, VA. 22472

24 Oct 2016

Continuation of #4
The Nature of this Claim
and Injury or Damage

NON COMPLIANCE of The
Stipulated Settlement Agreement
Whorley et al v. Northam et al Case No. 3:20-cr-00255

- 4. (A) There is a strict NO Tolerance in VADOC Policy DOP 801.3 Managing Offenders with Disabilities.
- (B) Americans with Disabilities Act of 1990 as Amended (42 USC § 12101 et seq.)
- (C) Virginians with Disabilities Act (COV § 51.5-1 et seq.)

The Stipulated Settlement Agreement
Whorley et al v. Northam et al., Case No. 3:20-cr-00255
Violates the DOP 801.3 Managing Offenders with Disabilities,
ADA of 1990 as amended (42 U.S.C. § 12101 et seq.)
Virginians with Disabilities Act (COV § 51.5-1 et seq.)
Laws that are to protect the Rights of all persons
with disabilities to include Sex Offenders who are
governed under VA Code § 37.2-901 to explicitly provide, control, care,
and treatment until such time as the respondents Mental Abnormality or
Personality Disorder has changed. This is to civilly protect me, the Public
from my mental illness. My mental illness is a Disability.

① To Deny me as a Sex Offender, a Chronic High Risk Disruptive Person who
meets all of the CDC Guide Lines as High Risk Person. I ERP
Early Release Plan, Because I have more than 1 year. However I
am a Parole Eligible Inmate. Therefore my Crimes that I am currently
Serving were committed in 1994 and I have 5 years to MAX out
my 20 year Sentence. With my Health Conditions should be given
The Early Release Plan. All of my Health Problems
Come from my Service in the 1st Gulf War
Let me be Absolutely Clear. When ~~the~~ The United States
of America asked me to fight. I ran to the front lines

B.2

Into The Danger. I am No Coward and when they asked me to destroy Saddam Hussein's weapons of mass destruction I ran to the frontlines to do exactly that. In doing my duty for the United States of America I got exposed to the very weapons I was destroying which has taken me all of my illnesses. To tell me I do not qualify because of my past crime that I have completely served that sentence for. Is a right discrimination violating State and Federal Disabilities Act Laws.

To say I don't qualify because of my 5 years remaining of a 80 year sentence with my disabilities violates those laws and it also violates the 1 section of the stipulated Settlement Agreement

is also considering an Individual's Health Condition along with Available Community Resources. I am a 60% service connected

Disabled Combat Veteran Honorably Discharged. U.S. Dept of Veterans Affairs allows me a service connection Disability Compensation Pension. I am 51 years old with Chronic Heart, Lung Diabetes Illnesses. A Parole Eligible I made why I have not been released under IERP. When I meet all of Eligibility Requirements of Page 2, 3a ii that only states considering an Individual's Health Condition My Health Condition has never been considered. Not by Haysville Correctional Center, VDOC Regional Directors, VDOC Headquarters, Prison Management Services,

(48.3)

I HAVE RAISED THESE ISSUES AND WAS TOLD I COULD NOT
GRIEVANCE THESE ISSUES NOW GRIEVABLE.

Therefore MY MENTAL HEALTH HAS DETERIORATED, MY
RESPIRATORY ILLNESSES ARE WORSE, AND MY
HEART IS LEAKING BLOOD ON MY RIGHT SIDE
AND IT HAS BECOME ENLARGED.

WHEN WILL I BE EVER GIVEN A SECOND CHANCE?

WHEN WILL I BE EVER GRANTED PAROLE?

WHEN WILL I BE GRANTED A PARDON
UNDER CONDITIONAL TERMS?

I AM DESERVING OF ALL THREE I AM ALSO
DESERVING OF LATE EARLY RELEASE PLAN.

I HAVE BEEN TRANSPORTED TO VCU HOSPITAL
IN RICHMOND VIRGINIA 4 TIMES DURING THIS
PANDEMIC 1.) PROSTATE ~~SPeciAlist~~ ^{SPeciAlist}, 2.) PULMONARY SURGEON, 3.) CARDIOLOGIST, (4) DERMATOLOGIST (5) PULMONARY SURGEON

EACH TIME I RISK MY LIFE TO RECEIVE TREATMENT.

MY CONDITIONS ARE SO EXTENSIVE THAT I MUST RISK MY
LIFE FOR TREATMENTS. THIS IS A UNLAME HANDSHP ON THE COMMANDER
OF VIRGINIA TAXPAYERS. THIS BURDEN LIES ON THE U.S. GOVERNMENT
THE U.S. ARMY, AND THE DEPT. OF VETERANS AFFAIRS. I CANNOT
USE ANY OF THESE WHILE INCARCERATED. I CAN BE TAKEN TO VCU
OR LUMBE BILLED TO VIRGINIA TAXPAYERS BUT NOT TO A DVA HOSPITAL OR
VA FACILITY WHEN IT'S THE U.S. GOVERNMENT'S RESPONSIBILITY AND
BURDEN. I AM SCHEDULED FOR MORE VCU APPOINTMENTS.
THAT I WILL LIVE AND SHOULD I CONTINUE. I CAN.

Pg. 41

Submit another Tort Claim Against The Commonwealth of Virginia
Virginia Dept. of Homeland Security, VA Dept. of Corrections, Haymerville
Correctional Center - Jordan Pitkin Weeks.

Cass F. Lucas
Respectfully
Submitted -

Commonwealth of Virginia
Virginia Dept. of Homeland Security
Virginia Dept. of Corrections
Haynesville Correctional Facility.

6. Pursuant to §8.01-195.5, Code of Virginia, 1950, as amended, the Commonwealth of Virginia has six (6) months to seek settlement of this claim, upon expiration of which, without a settlement being reached, this matter shall be ripe for the Claimant to seek judgment against the above-named defendant(s) in the appropriate State court.

WHEREFORE, TAKE NOTICE that the Claimant will seek judgment in the amount of \$ 1,000,000.00, against the defendant(s), or such amount as may be agreed on by the parties, in settlement of this claim.

Date: 23 Jun 2020

Carol F. Mckenney

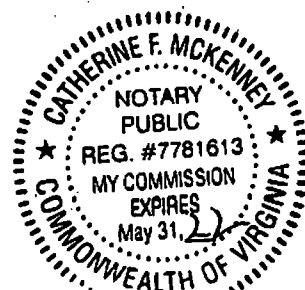
Inmate Number 1080673
Haynesville correctional Center
Post Office box 129
Haynesville, Virginia 22472

STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020

Catherine F. Mckenney
Notary Public

My Commission Expires: 5-31-22



VIRGINIA:

IN THE OFFICE OF THE ATTORNEY GENERAL

CABEL F. LUCAS, # 1080673
(Name and Inmate Number)

Claimant,

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED.

v.

COMMONWEALTH OF VIRGINIA, and

Virginia Dept. of Homeland Security
Virginia Dept. of Corrections
Haynesville Correctional Center

Defendant.

AFFIDAVIT

STATE OF VIRGINIA,
COUNTY OF RICHMOND, to wit:

CABEL FRANK LUCAS, being first duly sworn according to

law; deposes and states:

1. That he is the Claimant in the above-entitled matter and who is currently incarcerated at the Haynesville Correctional Center, 650 Barnsfield Road, Post Office Box 129, Haynesville, Virginia 22472.

2. That he has submitted herewith his Notice of Tort Claim Against the Commonwealth in connection with the certain injuries and damages incurred while he was in the custody and care of the Department of Corrections/Commonwealth of

Virginia, as a result of the alleged negligence of one or more agents of the Commonwealth of Virginia.

3. That he has attempted to resolve this matter by way of the adult institutional inmate complaint/grievance procedures promulgated by the Virginia Department of Corrections, having initiated the administrative grievance process on the 2 day of June, 2020, and that he filed his last grievance appeal on the 25 day of June, 2020, without receiving the requested relief or otherwise resolving this matter;

4. That he has attached hereto as enclosures, copies of all complaints/requests, grievances and appeals filed in connection with the incident herein stated as giving rise to this Tort Claim Against the Commonwealth of Virginia and its agent(s).

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and belief.

Date: 23rd June 2020

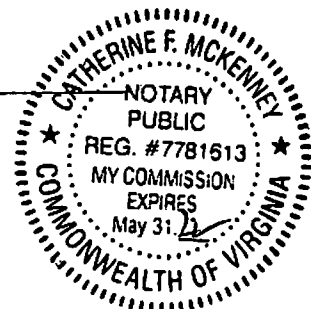
Carol F. Gowan
Claimant

STATE OF VIRGINIA
COUNTY OF RICHMOND

Subscribed and sworn to before me this 23rd day of June, 2020.

Catherine F. McKenney
Notary Public

My Commission Expires: 5-31-22



CASE F. LUCAS
VSP# 1080673
Tort Claim
Exhibits
Table of Contents

- 1.) Notice of Tort Claim
- 2.) Notice of Tort Non Compliance of
Stipulated Settlement Agreement
Whorley et al v. Northam et al
Case No: 3:20-cv-00255
- 3.) Evidence of Discrimination in Participation In
ERP Program & Pandemic Relief COVID 19.
- 4.) Copy of Virginia Dept of Corrections Policy
Operating Procedure 801.3
MANAGING OFFENDERS WITH DISABILITIES.
- 5.) Copy of Stipulated Settlement Agreement
Whorley et al v. Northam et al Case No: 3:20-cv-00255
- 6.) Memorandum COVID 19 Inmate Early Release Plan
Information
- 7.) Reasonable Accommodation Request
- 8.) Medical Records from Virginia Dept. of Corrections
Treatment of my Military Service Connected Disabilities
and Diagnosed Treatment of Medical Diseases and Injuries
From my 25 years of Incarceration.
- 9.) Medical Records & Diagnoses of Dept. of Veterans
Affairs Granting a Service Connection for
(A) DIP joints left & right hand (B) Chronic Pain (C) T-SPIN (D) Left Arm

Case of Lucas
VOP# 1080673
For Claim
Exhibits
Table of Contents

10.) Virginia Dept. of Corrections Social Updated Sheet
Virginia State Policy Criminal Records.

11.) Statement to support my appeal Inmate Early Release Plan.

12.) Inmate Appeal denied Breathing Treatment

13.) Inmate Umbudsman Violations of the Stimulated Agreement

14.) Regional Director Appeal Reasonable Accommodation Denied

15.) Inmate's Discrimination IERP

| | |
|------------------|---|
| HCC-20-Inf-01137 | IERP Discrimination |
| HCC-20-Inf-01192 | IERP Reasonable Accommodation |
| HCC-20-Inf-00706 | Food Service Contamination |
| HCC-20-Inf-00845 | Staff Refusal to Wear PPE |
| HCC-20-Inf-00585 | Cp Bureau Refusal to Breathing Treatment |
| HCC-20-Inf-00559 | A. Bennett VOPC Parole Board Requesting Early Release under COVID 19. |

16.) Appeal to ATTORNEY Americans with Disabilities Act
Coordinator B. MARANO Reasonable Accommodation Request
Denial.

EXHIBIT

2

Non Compliance of Stipulated
Agreement

CASE 1 Paul Lucas

Petitioner Inmate Virginia Dept. of Corrections Haysville.
VSP# 1080673

v.

Whorley et al v. Northam et al
Case NO: 3:20 cv 00255
Stipulated Settlement Agreement

Honorable Judge David Noyak
United States District Court
Eastern District of Virginia

1 Nov.
2020

NOTICE OF Substantial Non-Compliance

- 1) Complaint of NON Compliance
- 2) Complaint of Discrimination against Paul F. Lucas
A Disabled Combat Veteran Incarcerated at Haysville
Correctional Center. The IERP Excludes from
language and Implementation of Persons
with disabilities which violates The
Americans with Disabilities Act of 1990
AS Amended (42 U.S.C. § 12101 et seq)
 - a) Violating with Disabilities Act (42 U.S.C. § 12101 et seq)
 - b) Virginia with Disabilities Act (Code § 51.5-1 et seq)
- c) Dept of Corrections Policy DOP 801.3 Managing Offenders with
Disabilities. Page 4 II Offenders with disabilities (b) 4(c)
 - (b) Facility staff must ensure that an individual with disabilities
will not be excluded from participation in or be denied
the benefits of, the services, programs, or activities of
the facility or be subject to discrimination.
 - (c) Reasonable accommodations must be made for offenders with
disabilities. Consistent with and as required by the Americans
with Disabilities Act of 1990, AS Amended (42 U.S.C. § 12101 et seq)
and the Virginia with disabilities Act (Code § 51.5-1 et seq)

I am To Be Afforded The Protections Guaranteed
and Contained in the laws of the United States

pg. 2.

I HAVE EXHAUSTED ALL ADMINISTRATIVE REMEDIES Under 42 USC. § 1997e(c)
NON Compliance Violations of The Stipulated Settlement Agreement

(No: 1) Part 3. In Consideration thereof, Defendants Agree to the following.

3.2 Early Release Plan
If Under The Early Release Plan, VDOC is also considering
An Individual's Health Condition - along with Available Community
Resources when deciding whether to exercise its discretion
to Release an Inmate Pursuant to the Budget Amendment By
Health Condition" VDOC Specifically Agrees to give Priority
Consideration for approval of Release to those individuals
who have Health Conditions enumerated by Centers for
Disease Control and Prevention (CDC) as being at a higher
Risk of Health Complications if that individual were to
Contract COVID-19.

I Specifically Requested This and was Denied.
I filed Petition on this and was told NON-Exhaustible
and that I DO NOT meet this requirements of IERP.
I am not 1 year or less.

No Where in this Part of the Early Release Plan
3 a ii. Does it state you must be 1 year or
less. This clause is very specific
"VDOC is also considering an individual's Health
Conditions." and "VDOC Specifically Agrees to
Give Priority Consideration to those individuals
who have Health Conditions of being at higher risk.
I was Denied this Consideration of my current
Health Conditions. And was never reviewed, interviewed,
or told I was being considered because of my
Chronic Lung Conditions and Heart Conditions and Diabetes and hypertension.

Reference to

HCC - 20 - INF - 01187

HCC - 20 - INF - 01192

[is directly about my health conditions and asking to be considered

HCC - 20 - INF - 01188

on 2 June 2020 I filed
notice for this Enclave

Pg. 3

(No: 2) NON Compliance Violations of Stipulated Settlement Agreement

ON 13 April 2020 I filed Evidence HCC-20-REI-00046
C/O BARRUS Refused me almost of my Chronic CARE
Medical Breathing Treatment Require and Prescribed
Nebulizer Breathing Machine Duo-Web.

HCC-20-REI-00046

Violating 3(C) Evidence Part of Stipulated Settlement Agreement
Per DOP 801.2 Page 6 2(A) Under No Circumstances will a NON-Health Care Provider
Substitute their Judgment for that of the Health Care Provider.

(No: 3) NON Compliance Violations of Stipulated Settlement Agreement

ON 11 April 2020 I filed Evidence HCC-20-INF-00545
Correctional Officer Refused To Wear His Mask During Morning
Head Count at 0630 during PPE covering.

HCC-20-INF-00545

Violating 3(F) 3(h) 3(i)

3(F) Hygiene and Sanitation

3(h) PPE

3(i) Staffing and housing.

(No: 4) NON Compliance of Stipulated Settlement Agreement Violations

Food Service areas Intentionally Contaminated by
Medical Staff, Food Service Staff, Security, Administration.

ON 24 April 2020 I filed HCC-20-INF-00706
Inmates were taken into Food Service that were COVID 19
Positive and Given Medical Range, Testings, and Treatments
by Medical Staff During The Preparation, During The
Actual loading food onto the trays, Distribution of the
Lunch and Dinner Meals. This was Needless, Irresponsible,
and Unprofessional. This Act Put Every One at Risk.

3(C) Evidence
Regarding COVID 19
Policies, Protocols
PPE.

3(F) Hygiene and
Sanitation

3(h) PPE

3(i) Staffing &
Inmate housing

Pg. 4

(NO:4) NON Compliance Violations of Stipulated Settlement Agreement

I could not risk eating the lunch meal or dinner meal. I witnessed this when I was returning from medical after my breathing treatment, I walked past the kitchen door looked through the window of the door and was shocked to see the medical staff taking temperatures administering test etc. all of this in food service area while the lunch and dinner meal were prepared and served to population.

Only after all the inmates from Building 6B had returned to the housing unit was the kitchen decontaminated by a team of workers in full Measles Oriented Protective Posture Decontamination Suits with Breathing Devices. In the military this is known as MOPP 4.

I was told that my guidance was and is not personally affect me abroad & cause me personal loss or harm. To further explain when I did the ombudsman and I assumed this would happen and guidance are based on facts not assumptions.

Fact: They took infected inmates into food service the kitchen during lunch and dinner meals be prepared and served to General Population.

Fact: The kitchen was not decontaminated until after 6 PM CEST

Fact: 24 April 2020 The Infection Rate Went Up & Down.

Pg. 5

(No:4) NON Compliance Violations of Stipulated Settlement Agreement

Fact: The infection rate would not have increased and spread throughout the compound did the Food Service Staff, Medical Dept., Security Staff, and Administration had not been reckless by intentionally exposing the Food Service Kitchen Employees inmates, Food Service Staff, Food Service Area, and the Lunch and Dinner Meals being Prepared. This should have never happen, I was directly affected by the facts of what I witnessed with my EYES I Physically stood at the Chow Hall Door looked through the door window and witnessed everything I have stated. There is no assumption only facts. Look at the Infection Rate After 24 April 2020 of Clay County Correctional Center. Look at 14 days from 24 April 2020 how many inmates from LB Test positive during this incident.

(No:5) NON Compliance Violations of Stipulated Settlement Agreement

On 2 June 2020 I submitted a IOP 801.3 Medical Reasonable Accommodations Request To Be Considered for Early Release Under The IERP Due to my Chronic Medical Conditions. I was told see my Counselor Mr. Robinson I did as told she told me if I think or believe I should be considered for Early Release file an appeal. I did so 30 days ago no answer from the Warden on the IERP Appeal. I filed a Evidence Appeal of the Reasonable Accommodation Request HCR - 20 - INF - 01197. On 21 June 2020 the Warden denied my appeal.

§ (A) 11
Under Early Release
law VDOC is also
ordering individual
death.

Pg. 6

(NO:5) NON Compliance of Violations of Stipulated Settlement Agreement

I have exhausted all Administrative Remedies. I will file a Notice of Tort against to Commonwealth of Virginia at The Division of Risk Management With the Commonwealth of Virginia Attorney General's Office.

I am a Honorably Discharged Disabled Combat Veteran with Service Connected Disabilities. The Reasonable Accommodations Request To Have me Considered for Early Release Should Have Been Granted.

(NO:6) NON Compliance Violations of Stipulated Settlement Agreement

3(C) Exhaustion On 20th June 2020 I filed a Grievance On the Institutional Ombudsman (Grievance Coordinator) Mr. Brown of Her Pursed Intake Process on Every Grievance and Informal Complaint about Violations of the Stipulated Agreement. She has Deliberately Hindered the Process by Not

Returning the Grievances by there Due Dates and Denying All Intakes of

HCC-20-INF-01192 HCC-20-INF-01191

HCC-20-~~REG~~-00046 HCC-20-INF-00559

HCC-20-INF-00706 HCC-20-INF-01137

HCC-20-INF-00545.

All Ombudsman The Grievance Coordinator at VDOC Facilities with Written Guidance instructing them to Prioritize for Review any Grievances Alleging Delay in Medical Assessment, Treatment Related to COVID 19 as well as Policies, Protocols, and such as Deficiencies in Personal Protective Equipment

The Ombudsman Mr. Brown has Refused To Address The Issues in the 7 Informal Complaints & Grievances. NO-Corrective Action & NO Fairness. Resolution to the matter

787
(NO:6) NON Compliance Violations of Stipulated Settlement Agreement

Mr. Brown Direct Interference to ~~Alibi~~ Delay, and NON Directly enforce the COVID 19 Protocols, Procedures, Regulations up ~~Staff~~ is Directly covering up The Violations of DOC Policies, Federal and State laws.

Especially The Americans with Disabilities Act of 1990 as amended (42 U.S.C. § 12101 et seq.)

The Virginians with Disabilities Act (Code § 801.5-1 et seq.)

The Dept. of Corrections Policy DOP 801.3 Managing Offenders with Disabilities

Mr. Brown, Vice Evidence Coordinator and K. Cooby Regional Ombudsman blatantly told me that I did not submit Evidence. Whereas by the Regional Stamp on the Documents. K. Cooby did not read one page not one informal Complaint that I submitted about this Violations. K. Cooby help Mr. Brown I legally cover up The Violations of COVID 19 Stipulated Agreement, Federal Law of ADA, State Law VDA (Code § 801.5-1), DOC Policies of 801.3. Managing Offenders with Disabilities.

(NO:7)

NON Compliance Violations of Stipulated Settlement Agreement

I submitted a Conditional Pardon I clearly MARK This Pardon COVID 19 Due To Chronic Medical Problems.

3(b) Conditional Pardon

The Pardon I have only says I filed Executive Clemency No Mention of COVID 19 & my Medical Issues.

78.8

(NO: 8) Non-Compliance of Violations of Stipulated Settlement Agreement

The Inmate Early Release Plan Directly Discriminates Against Me A Disabled Honorably Discharged Combat Veteran. I have asked for this discrimination to stop through all of the channels available to me.

(A) DOP 801.3 Inmate Accommodation Request Denied

(B) Through The Grievance Process All Denied Never Once Addressing IERP Discrimination of Disabled Persons.

IERP Has no mention of Inmates with Disabilities.

(C) I filed an IERP appeal to The Warden by completing the appeal form no answer or response from Warden Wicks. Hindering my ability to file an appeal to Offender Management Services Director James Parks.

The IERP is Bias and Discriminatory in language, implementation, and practice. I violates Federal and State laws ⁽¹⁾ Americans with Disabilities Act of 1990 as amended (42 U.S.C. § 12101 et seq) ⁽²⁾ Virginia with Disabilities Act (Code § 51.5-1 et seq) and Dept. of Corrections Policy 801.3.

I am a Disabled Combat Veteran, I am a Parole Eligible Inmate, ¹²²²⁰⁰²¹ I have been incarcerated since 1997 in VDOC. 24 years. My Max Sentence Release Date 21 Aug. 2027. The IERP is highly discriminatory against me an Inmate with 7 years remaining on my sentence that I am currently Parole Eligible for. There is not one sentence written in the IERP to EVER consider someone AS myself To Be Fairly Considered. Obviates the ADA Federal Law, VDA State Law, and VDOC Policy 801.3 Provides Guaranteed Parole and no Discrimination

Pg. 9

(16:8) NON-Compliance of Violations of Stipulated Settlement Agreement from being Excluded from the Benefits of Participation in or be denied the Services, Programs, or Activities of the Facilities or be subjected to Discrimination Persons with Disabilities.

I Request That The Court Upholds To The Guaranteed Protections Provide To This Disabled Combat Veteran Entry into I.E.R.P. and Be Granted EARLY Release Due To My Chronic Conditions with my Lung, Diabetes, Heart Condition, Hypertension, Asthma, Chronic Bronchitis, Recurrent Upper Respiratory Infections, I take 34 Medications for my other illnesses which I suffer to include Mental Health Problems of PTSD, Anxiety, Depression, and Suicidal Tendencies, 4 Mental Health Medications. I Am Over 50% Service Connected Disabled With the VA. and will receive a 100% Rating for TDIU Total Disability Individual Unemployability. I have all the Resources needed through U.S. Dept. of Veterans Affairs. I ask to Be Granted EARLY Release Due to my Many Chronic Illness All Related to my Military Service To This Country when I was needed and answered the Call of the United States. I Now Ask that Very Same Call to my Country The United States to Grant me the Relief in which I seek. To hold all accountable of ADA, VOA, and 38 U.S.C. 5614 & 5615 Laws Violated against this Disabled Combat Veteran that is supposed to Protect Me.

I must add That The Ombudsman Mr. Brown and Staff Are currently active in Retaliation against me. Refusing To Give Me the Response to my Inquiries. 11/11-2020-11-11-2020

Pg. 10

This is yet another Criminal act of hiding the ~~measures~~ that
~~that~~ also caused harm to me and my disabilities.

I can not and will not stop until I receive Justice from
This Unjust system within the Virginia Dept. of Corrections.

I also sent a Reasonable Accommodations Request To The Statewide
Americans With Disabilities Coordinator B. MARANO. In Richmond No
Response NOR Answer to that request. I have provided a copy to the Court.

Respectfully Submitted,

Casey F. Lucas



COMMONWEALTH of VIRGINIA

Secretary of the Commonwealth

June 12, 2020

POST OFFICE BOX 2454

RICHMOND, VIRGINIA 23218-2454

Casel Frank Lucas
1080673
421 Barn Field Rd
Haynesville, VA 22472

Re: Casel Frank Lucas

Dear Casel Frank Lucas:

This is to acknowledge receipt of your clemency petition on behalf of the above named petitioner.

The petition for executive clemency will be thoroughly investigated and when the investigation is complete, you will be contacted by this office as to the decision of the Governor. Investigations may take two years or longer.

The decision of the Governor on a petition for executive clemency is final and there is no appeal. There is no opportunity for a hearing or meeting; all information to be considered must be submitted to this office in writing. If a petition is denied, another cannot be filed for three years from the date of denial.

Unless additional information is requested, you will not receive further correspondence regarding your petition from this office until you are notified of the Governor's decision.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized "C" or "L" followed by a flourish.

Pardons Specialist

Carol F. Lucas

VEP# 1000673

For Claim

Now compliance to stipulated document
Discrimination IERP

Exhibit

#

13

Exclusion of Discrimination
in Participating in IERP
Cory Benson (author)

VIRGINIA

Regular Grievance 866_FI_4-17

DEPARTMENT OF CORRECTIONS

REGULAR GRIEVANCE

Log Number: _____

| | | | |
|--|------------------------|----------|-----------------|
| NAME: F. LUCAS | 1080673 | 2-A | 2-A-38-B |
| Name, First | Number | Building | Cell/Bed Number |
| NAME: Nicholas, Commander, Mr. Robinson, Mr. [unclear] | 23 June 2020 | | |
| Officials Involved in Incident | Date/ Time of Incident | | |

IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or documentation of informal process.) Per DOP 801.3 Part II B & C I will not be denied access to programs IERP

Discrimination in IERP participation program supervisor's

Not following the stipulated Settlement Agreement in Whorley et al v. Northham

et al Case No. 3:20-cv-00255 pg. #2, part ii (VDC will not be considering an individual's health)

time in this part no language of 1 year or less, it has no language of persons with disabilities.

The CHD at ACC Refuses to grant me a Reasonable Accommodation Request to participate in

this Early Release Program due to the severity of my individual health conditions & have

multiple recognized disabilities: ① Hypertension ② Diabetes ③ Mental illnesses PTSD, Anxiety, Chronic Depression,

Chronic Bronchitis, Lung Disease, ④ Asthma, ⑤ Acute Respiratory Disease, ⑥ Limiting Problems

Fibromyalgia Musculoskeletal Disease. I should have been granted eligibility into IERP Program.

Regardless of not being 1 year or less. Per that stipulated Settlement Agreement part ii. Has no time

restrictions, yet I am excluded from participation in IERP because I am not 1 year or less.

What action do you want taken? ① Be granted eligible to be released early due to my Qualifying

Chronic Medical Conditions. ② VDC must include offenders with disabilities

No matter the length of time remaining. ③ I must be given an Home Plan to be approved

④ I must be given an ICOT to visit Maryland Baltimore for a special Veterans Housing Program

for Homeless Veterans MCVET 30 Attachment

ant's Signature: Carol F. Lucas

Supervisor's Office: _____

Received: JUN 25 2020

By: _____ GRIEVANCE OFFICE

Date: 23 June 2020

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866.F1

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

☒ **Non-Grievable.** This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. *Disciplinary Procedure.* You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, *Offender Discipline.*

☐ **Matters beyond the control of the Department of Corrections**

☐ **Does not affect you personally** (This issue did not cause you personal loss or harm)

☐ **Limited.** You have been limited by the Warden/Superintendent

☐ **More than one issue – resubmit with only one issue.**

☐ **Expired Filing Period.** Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.

☐ **Repetitive.** This issue has been grieved previously in Grievance #

☐ **Inquiry on behalf of other offenders.**

☐ **Group Complaints or Petitions** Grievances are to be submitted by individuals.

☐ **Vulgar/Insolent or Threatening Language.** YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 *OFFENDER DISCIPLINE*

☐ **Photocopy/Carbon Copy.** You must submit the original grievance for responses and appeals.

☐ **Grievances Filed Regarding Another Institution.** This grievance is being returned to you for you to submit to:

☐ **Informal Procedure.** You have not used the informal process to resolve your complaint

☐ **Request for services**

☐ **Insufficient Information (Not to include Medical).** You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: *There is no appeal process through the grievance procedure for early release. The facility's*

☐ **The issue in the grievance is different from the issue in the informal complaint**

Institutional Ombudsman/Grievance Coordinator: *Robert Brown, IC* Date: *6-25-20*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

☐ The intake decision is being upheld in accordance with Operating Procedure 866.1 *Offender Grievance Procedure.*

☐ The intake decision is being returned to you because the 5 day time limit for review has been exceeded.

☐ The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date:

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature:

Date:

Staff Witness:

Date:

decision is sent to OMS for review where the final decision

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

CABEL F. LUCAS 1091673 2-A-38-B
 Offender Name Offender Number Housing Assignment
Warden Nicks 2 Jun 2020
 Individuals Involved in Incident Date/Time of Incident

- | | | |
|--|---|--|
| <input type="checkbox"/> Unit Manager/Supervisor | <input type="checkbox"/> Food Service | <input type="checkbox"/> Institutional Program Manager |
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Commissary | <input type="checkbox"/> Mailroom |
| <input type="checkbox"/> Medical Administrator | <input checked="" type="checkbox"/> Other (Please Specify): <u>Discrimination in IERP Program</u> | |

Briefly explain the nature of your complaint (be specific): Discrimination Against Me Being Excluded in Class 1 Release and Violent Sex Offense by Discriminatory.

The IERP HAS NO mention to include Offenders with Disabilities as myself. Per
Americans with Disabilities ACT of 1990 is under 42 U.S.C § 12101 et seq. Virginia with
Disabilities ACT (Code § 51.5-1 et seq.) VACC JOP 801.3 Managing Offenders with Disabil
I sent Reasonable Accommodations Request to Facility ADA Requesting that I C. Lucas inmate with
Disabilities be included into the IERP Program to go home. The 1 yr or less is irrelevant
The fact that I'm parole eligible inmate every year I should be included especially with my Mental Health
Disabilities and Chronic Surg Disease. Heart conditions, Hypertension, and Diabetes. This is what VACC agreed to.
 Offender Signature Cabel F. Lucas Date 14 Jun 2020

Offenders - Do Not Write Below This Line

Date Received: _____

Tracking # _____

Response Due: _____

Assigned to: _____

Action Taken/Response: _____

Respondent Signature

Printed Name and Title

Ombudsman Unit
 Date/Region

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Ombudsman Unit
 Eastern Region

Revision Date: 4/28/17

Stacy Williams

H.D.



DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

CABEL F. LUCAS

1082673

2-A-38-B

Offender Name

Offender Number

Housing Assignment

Warden Nicks

Individuals Involved in Incident

RECEIVED

2 JUN 2020

Date/Time of Incident

JUN 18 2020

☐ Unit Manager/Supervisor☐ Personal Property☐ Medical Administrator☐ Food Service☐ Commissary☒ Other (Please Specify):☐ Institutional Program Manager☐ Mailroom

Briefly explain the nature of your complaint (be specific):

Discrimination in IERP Program Health Conditions
 The IERP HAS NO mention to include offenders with disabilities as myself per
 Americans with Disabilities ACT of 1990 as amended (42 U.S.C. § 12101 et seq.)
 Disabilities ACT (CON § 51.5-1 et seq.)
 I sent a REASONABLE Accommodations Request to Facility and Requesting that I C. Lucas inmate with
 Disabilities be included into the IERP Program to go home. The 1 yr or less is irrelevant
 The fact that I'm parole eligible inmate every year I should be included especially with my Mental Health
 Disabilities and Chronic Surg Disease. Heart conditions, Hypertension, and Diabetes. This is what VADOL agreed to.

Offender Signature Cabell F. Lucas

Date 14 June 2020

Offenders - Do Not Write Below This Line

Date Received: 6-16-2020

Tracking # MCC-20-DIF-01137

Response Due: 7-1-2020

Assigned to: S Westman JPM

Action Taken/Response:

The Department of Corrections looks at many
 factors but the offender must have
 less than 1 year left to serve
 on his sentence.
 Please see attached

S Westman

Respondent Signature

S. Westman / JPM

Printed Name and Title

6-23-2020

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

RECEIVED

Date:

Staff Witness Signature:

JUN 25 2020

Date:

By: GRIEVANCE OFFICE

Revision Date: 4/28/17

5/20/2020

H.D.

Purpose:

Pursuant to legislation, the Inmate Early Release Plan was developed and implemented by the Department of Corrections (DOC), under the authority of the Director of Corrections, and in response to the Governor's state of emergency declaration related to the COVID-19 pandemic, a communicable disease and current public health threat to the residents of the Commonwealth of Virginia as defined in §44-146.16 of the Code of Virginia.

The Inmate Early Release Plan provides a procedure for implementing legislation to allow for the discharge of inmates who meet the eligibility criteria from incarceration, prior to their scheduled release date consistent with guidance provided in the legislative mandate. The legislation authorizes the Director, during the duration of the declared emergency, to (i) discharge from incarceration or (ii) place into a lower level of supervision, including probation supervision, home electronic incarceration, or other forms of community corrections, any prisoner committed to the Department who has less than one year of his sentence remaining to be served prior to his scheduled release if the Director determines that (a) any such discharge or placement during the declared emergency will assist in maintaining the health, safety, and welfare of any prisoner discharged or placed or the prisoners remaining in state correctional facilities and (b) any such discharge or placement is compatible with the interests of society and public safety.

The Inmate Early Release Plan is only in force during the period declared by the Governor as a state of emergency pursuant to §44-146.17 of the Code of Virginia.

Contributing Factors

While a segment of the inmate population is at a higher risk for severe illness and potentially life-threatening complications if exposed to COVID-19, the Department has the necessary resources to treat the virus to include 24-hour trained health care staff and access to emergency medical care if necessary, subject to the availability of resources in hospitals or other advanced care settings. It is imperative that upon release inmates who are at a higher risk of developing severe forms of COVID-19 have the resources and access to care in their community needed to mitigate the severe health risks to the inmate. Inmates at a higher risk for COVID-19 complications, who meet the eligibility criteria for release, will only be released if the necessary community support and resources are available.

There are many additional contributing factors and mitigating circumstances, which the Department must consider when establishing the criteria for releasing an inmate early from incarceration. Such factors include the risk to public safety, the safety and well-being of the offender and the inmate's family, available community resources, and access to proper health care for the treatment of an inmate's medical and mental health needs.

Therefore, this plan provides for the early release of eligible inmates who have a viable home plan and must have a risk of recidivism of medium or low.

RECEIVED

JUN 25 2020

By: _____
GRIEVANCE OFFICE

CAROL F. LUCAS
VSP# 1000073
lost claim
Now Compliance to stipulated agreement
Discrimination IEP

Exhibit

4

Copy of Virginia Dept. of Corrections Policy
Operating Procedure 801.3
Managing Offenders with Disabilities

See Page 3, 4, 6, 9, 11, 12



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, *Facility Administration*

Effective Date: August 1, 2019

Amended:

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: ☒ Public ☐ Restricted

☒ Incarcerated Offender

ACA/PREA Standards:

5-2C-4133, 5-2C-4142, 5-2C-4143, 5-2C-4144,
5-3D-4277, 5-5E-4429, 5-5E-4429-1, 5-6C-4399,
5-7A-4448, 5-7B-4475, 5-7D-4497-2; 4-4133, 4-
4142, 4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-
4429-1, 4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
4-ACRS-6A-01-1, 4-ACRS-6A-04,
4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
4-ACRS-6B-01

Content Owner: Rose Durbin
PREA/ADA Supervisor

Signature Copy on File

6/14/19

Signature

Date

Reviewer: Jermiah Fitz Jr.
Corrections Operations Administrator

Signature Copy on File

6/17/19

Signature

Date

Signatory: A. David Robinson
Chief of Corrections Operations

Signature Copy on File

7/1/19

Signature

Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

RECEIVED

JUN 25 2020

By: GRIEVANCE OFFICE

Table of Contents

| | |
|--|----|
| PURPOSE | 3 |
| PROCEDURE | 3 |
| I. Training and Responsibility | 3 |
| II. Offenders with Disabilities | 4 |
| III. Determination of Disability and Reasonable Accommodations | 5 |
| IV. Offender Requests for Accommodation | 6 |
| V. Housing for Offenders with Disabilities | 7 |
| VI. Durable Medical Equipment, Disability Aids, and Prostheses | 8 |
| VII. Offender Services | 8 |
| VIII. Special Considerations | 9 |
| DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE | 11 |
| REFERENCES | 12 |
| ATTACHMENTS | 13 |
| FORM CITATIONS | 13 |

RECEIVED

JUL 14 2020

JUL 14 2020



PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.).

PROCEDURE**I. Training and Responsibility**

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act (ADA)* on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restrictive housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-3D-4277; 4-4277; 4-ACRS-6B-01)
 1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
 2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.
- E. ADA Coordinator
 1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5E-4429-1; 4-4429-1; 4-ACRS-6A-01-1)
 - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
 - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
 2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
 3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
 - a. The following requirements will be considered when making a determination for an accommodation:
 - i. The disability, as recognized by the ADA, must be known to the DOC.
 - ii. The accommodation must not pose an undue hardship on the facility or to the safety and



RECEIVED
JUN 25 2020

security of the offender or any other person.

- b. The facility ADA Coordinator will maintain a current listing of all facility accommodations provided to offenders.
- c. The facility ADA Coordinator will make rounds twice per month to be available to offenders. These rounds should be documented in facility logbooks.

II. Offenders with Disabilities

- A. Offenders are essentially dependent on the physical conditions of and services provided by the facility.
- B. Facility staff must ensure that an individual with a disability will not be excluded from participation in, or be denied the benefits of, the services, programs, or activities of the facility, or be subjected to discrimination. (5-3D-4277, 5-5E-4429; 4-4277, 4-4429; 4-ACRS-6B-01)
- C. Reasonable accommodations must be made for offenders with disabilities, consistent with and as required by the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.)
- D. Such accommodations will allow for participation in services, programs, and activities that may include but not be limited to:
 - 1. Provision of medical and mental health care, medication, auxiliary aids and services, and protection from weather related injury
 - 2. Removal of barriers to physical plant access or transfer to a facility that meets the offender's needs
 - 3. Modification to procedure and/or facility practice, unless the facility can demonstrate that making the modification would fundamentally alter the nature of the service, program or activity
- E. Offenders with disabilities must be provided education, durable medical equipment, supplies and facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment. (5-2C-4144; 4-4144; 4-ACRS-6A-04-2)
 - 1. Toilet access will be provided for offenders consistent with their medical needs as determined by a facility Medical Practitioner.
 - 2. Appropriately trained individuals should be assigned to assist offenders who cannot otherwise perform major life activities. (5-2C-4143; 4-4143; 4-ACRS-6A-04-1) Offender helpers should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
- F. Staff and contract staff are responsible to communicate information, announcements, procedures, and other directions to offenders with communication disabilities in a manner that will maximize the offender's ability to comprehend and understand the information.
 - 1. When a disability hinders an offender's ability to communicate, facility staff must ensure that the offender is provided with necessary accommodations to assist them during orientation, medical, psychological, educational testing and evaluation, and in explanation of facility rules and procedures.
 - 2. Offenders with communication disabilities must be made aware of all facility announcements and alerts such as work call, emergencies, school, meals, count, etc.
 - 3. Offenders with communication disabilities must be provided reasonable accommodations to ensure the offender and health care providers are able to communicate effectively during all scheduled appointments at the facility to include but not limited to review of medical history, medical appointments, follow-up appointments, and treatment sessions.
 - a. When offenders are transported for medical care, facility health care providers will inform the offsite health care provider as far in advance of the offsite appointment as possible that an offender with a communication disability, such as deafness, that requires a qualified interpreter or other auxiliary aids and services will be seeking medical care.
 - b. In the case of an emergency, a facility health care provider will inform offsite medical providers

RECEIVED

JUN 25 2020

BY: [illegible] OFFICE

that an offender with a communication disability such as deafness that requires an in-person qualified interpreter or other auxiliary aids and services is being transported to them on an urgent basis. Notification will include the estimated time of arrival.

- c. For all offenders transported for offsite health care, a facility health care provider will ensure that the offender's communication disability and the need for an accommodation is documented on the *Offender Gate Pass* and recorded in the offender's Health Record.
4. A conspicuous notice of any communications disabilities (i.e. hard of hearing, speech impairment, language translation, vision impairment) must be noted on the Health Record of any offender whose disability affects their ability to communicate and an appropriate advisory regarding this disability must be provided to facility staff and designated in VACORIS.

III. Determination of Disability and Reasonable Accommodations

- A. All offenders receive a medical and mental health screening by a qualified Health Care Provider or health trained staff in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and the *Nursing Guideline for Medical/Location Codes*.
 1. Offenders must be afforded the opportunity to disclose their present and prior disabilities and needs and request an accommodation(s) for their disability during their medical and mental health screening. The qualified Health Care Provider will:
 - a. Question the offender regarding any previous accommodation(s)
 - b. Discuss modified or additional accommodations as appropriate
 - c. Make appropriate notations in the offender's Health Record.
 2. When an offender arrives at a facility with an approved accommodation, medical equipment or an assistive device that presents any concerns, the Facility Unit Head, in consultation with the facility Medical Practitioner and ADA Coordinator, will make a decision regarding the removal of the item to minimize risk and provide alternate appropriate accommodations.
 3. The facility Health Care Practitioner may consult with the facility ADA Coordinator and DOC ADA Coordinator, as needed to determine if a requested accommodation is within the scope of the ADA.
- B. The facility Medical Practitioner, in consultation with qualified health care practitioners or specialists, and in conjunction with the affected offender, will diagnose any disability, not previously diagnosed.
 1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
 2. The offender's medical classification code and location code should be reviewed during the intra-system transfer process, and any time a change of the offender's condition is identified to ensure it reflects the current medical status of the offender.
 3. The facility Medical Practitioner will assign a medical/disability code, which indicates if the offender has an impairment that qualifies as a disability (i.e. legally blind, deaf, mobility impaired). This determination is based on the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and *The Virginians with Disabilities Act* (COV §51.5-1 et seq.).
 4. The Health Authority or designee will assign the medical location code, which indicates the offender's requirements for physical accommodations and access to health care services.
- C. After a disability is diagnosed, a qualified health care practitioner or specialist will determine the level of medical accommodation needed and provide appropriate medical treatment as is required by the offender's condition.
 1. The facility Health Care Practitioner (i.e. physician, optometrist, dentist, psychology associate) will make a determination on the specific accommodation provided and will determine the type of auxiliary aid and/or service to be provided, considering the request of the offender with a disability, but the offender's request, although not determinative, is given priority. This information will be recorded in the offender's Health Record.

RECEIVED
JUN 25 2020
GRIEVANCE OFFICE



2. If the medical equipment or assistive device required to address and accommodate an offender's disability poses an undue hardship to the facility or to the safety and security of the offender or any other person, the Facility Unit Head, in collaboration with the Health Care Practitioner, will make a decision regarding an alternate appropriate accommodation.

a. Under no circumstances will non-health care providers substitute their judgment for that of a health care provider where an accommodation needed to address a physical or mental disability has been prescribed.

b. If there are unclear issues about an accommodation, the DOC ADA Coordinator may discuss with facility staff whether the proposed accommodation poses an undue hardship to the facility or to the safety and security of the offender or any other person prior to a final decision regarding the requested accommodation.

c. The DOC ADA Coordinator will resolve the issue if the facility Health Care Practitioner and the Facility Unit Head cannot come to an agreement.

d. The DOC ADA Coordinator, as necessary, will provide written documentation to the Facility Unit Head and facility ADA Coordinator regarding the offender's protection under ADA and/or the accommodation to be provided.

D. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the offender's consent, as prescribed by the facility Medical Practitioner.

E. All offender requests for diagnosis of a disability, determinations about an offender having a disability, and whether the offender will receive medical accommodations for the disability must be recorded in the offender's Health Record.

F. A copy of the decisions, including but not limited to diagnoses, regarding the disability determination, the reasons for denial or modification of the request, and reasonable accommodations will be provided to the offender.

IV. Offender Requests for Accommodation

A. Offenders may request a reasonable accommodation for their disability by submitting a Reasonable Accommodation Request 801_F7 to the facility ADA Coordinator. Offenders who have difficulty in communicating, understanding, or writing a Request should contact their counselor for assistance.

B. The facility ADA Coordinator will review the Request and, in consultation with appropriate staff, make a determination on the Request.

1. Reasonable Accommodation Requests will be acted upon in writing within ten business days, or a shorter time if necessary, by either granting the request, denying it, requesting further investigation, or granting it with modification. A specific reason must be stated if the request is denied or modified.

2. All Accommodation Requests with respect to medical care will be placed in the offender's Health Record with a copy forwarded to the offender and a copy maintained by the facility ADA Coordinator.

3. Accommodation Requests not specifically involving medical care will be maintained by the institutional ADA Coordinator with a copy forwarded to the offender.

C. If a facility Health Care Practitioner determines that a medically prescribed accommodation is warranted, facility health care providers will make provisions to provide for the medical accommodation.

1. Medically prescribed accommodations must be reviewed to address any facility safety and security concerns.

2. If facility health care providers have safety or security concerns regarding the medical accommodation, the facility ADA Coordinator or Facility Unit Head will be consulted.

c/o.
BROWN
JED
this
violation
when he
denied me
my breathy
treatment

RECEIVED
JUN 25 2020
GRIEVANCE OFFICE

the testing procedure is not discriminatory to offenders with disabilities based on the disability. Reasonable accommodation includes extended time to complete the test, reading aides, interpreters, and/or tape recorded questions.

- C. Operating Procedure 803.3, *Offender Telephone Service*, provides specific guidance to all offenders for access and use of the telephones. Telephones at wheelchair height and, where needed, special equipment suitable for use by the hearing impaired, including videophones, are provided. (5-7D-4497-2; 4-4497; 4-ACRS-5A-19)
 - 1. Offenders with hearing and/or speech disabilities, and offenders who wish to communicate with parties who have such disabilities, are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.
 - 2. Public telephones with volume control are also made available to offenders with a hearing impairment.
- D. Offenders with disabilities will be provided the same access to recreation as other offenders in the same housing status as provided in Operating Procedure 841.6, *Recreation Programs*, and Operating Procedure 841.4, *Restrictive Housing Units*.
 - 1. Such opportunities for recreation will include, but are not limited to, provision of reasonable accommodations so that disabled offenders may participate in recreational programs to the greatest extent possible.
 - 2. In addition, disabled offenders may seek and be granted accommodations in scheduling such that they may experience and participate in recreation in a safe environment.
- E. Offenders with disabilities will be provided the same access to visitation as other offenders in the same housing status as provided in Operating Procedure 851.1, *Visiting Privileges*, and Operating Procedure 841.4, *Restrictive Housing Units*. Reasonable accommodations will be provided for offenders with disabilities to allow for effective communication with their visitor. The institution will provide auxiliary aids and devices as necessary to allow disabled offenders to communicate effectively with their visitor.
- F. Offenders with disabilities will be reviewed and approved for job assignments in accordance with Operating Procedure 841.2, *Offender Work Programs*. (5-7A-4448; 4-4448)
 - 1. Offenders with disabilities, subject to reasonable accommodations with respect to their disability, must meet the requirements and be able to perform the specific job duties and responsibilities provided on the *Offender Work Program Position Description*. Discrimination based on the offender's disability is prohibited. (5-3D-4277; 4-4277; 4-ACRS-6B-01)
 - 2. Offenders with a disability will be offered accommodations, in order to meet the requirements of the position and to be able to perform the specific job duties and responsibilities, to be considered for the job assignment.
 - 3. Under no circumstance, will offenders be placed in a job assignment that jeopardizes their safety or security or the safety and security of others.

VIII. Special Considerations

- A. The Facility Unit Head or a designee in addition to the facility ADA Coordinator will consult with the facility Medical Practitioner or designee prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: (5-6C-4399; 4-4399)
 - 1. Housing assignments
 - 2. Program assignment
 - 3. Disciplinary measures
 - 4. Transfer to other facilities



RECEIVED
 JUN 25 2020
 BY: [illegible]
 GRACEVANCE OFFICE

5. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.
- B. Operating Procedure 802.1, *Offender Property*, governs the purchase and possession of offender property items. Offenders with disabilities will be considered on a case-by-case basis for a reasonable accommodation for special property items that are consistent with the disability being addressed.
- C. Offenders with disabilities are subject to Operating Procedure 861.1, *Offender Discipline, Institutions*. Staff should take into account that an offender's disability may affect their understanding of institutional procedure; efforts should be made to communicate with the offender in a manner that will maximize the offender's ability to comprehend and understand the information.
- D. Operating Procedure 410.2, *Count Procedures (Restricted)*, will be followed in order to determine the total number of and location of offenders at all times. Offenders who have a disability, which interferes with their ability to follow normal count procedures, will be reasonably accommodated to provide for the effective performance of count.
- E. Operating procedure 411.1, *Offender Transportation (Restricted)*, provides the requirements for the secure transportation of institutional offenders; and these requirements will apply when transporting offenders with disabilities.
 1. Any offender who has a mobility impairment that makes it difficult to enter the secure transport must have use of the lift.
 2. Transport of offenders in wheelchairs:
 - a. Any offender confined to a wheelchair will be transported by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
 - b. For the convenience and safety of staff and offenders, offenders with limited mobility may be transported in a wheelchair by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
 - c. Correctional Officers will not lift offenders (either with their wheelchairs or without their wheelchairs).
 - d. Ambulatory offenders may be transported in the same vehicle with offenders in a wheelchair provided seats and safety restraints are available for each offender and the wheelchair is properly secured in the vehicle.
- F. Restraining Offenders with Disabilities
 1. Before restraining an offender who may have a medically documented disability, security staff should consult with a Medical Practitioner (or designee) to determine any restrictions on applying restraints.
 2. Unless there is a medically documented restriction regarding the use of restraints, restraints should be applied to offenders with disabilities taking into account any illness or disability that adversely affects an offender's stability, balance, and/ or coordination in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*, in the same manner as any other offender.
 3. Restraints should be applied to deaf offenders with handcuffs in front to allow some communication unless there is a significant security issue.
 4. Force multipliers (chemical agents, impact weapons, canines, etc.) may be used on offenders with disabilities if necessary to protect the staff, visitors, and other offenders or to control disruptive behavior. When offender notification is required for the use of a force multiplier, offenders with communication disabilities must be notified in a manner that the offender can observe and understand.
 5. Offenders with disabilities will be restrained as authorized in Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*.

RECEIVED

JUN 25 2020

BY GRIEVANCE OFFICE



G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force (Restricted)*.
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental



RECEIVED
JUN 25 2020
PROSECUTOR'S OFFICE

retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Prosthesis or Orthotic - An artificial device to replace a missing body part or to compensate for a defective body function, including, but not limited to:

- Artificial limbs
- Eyeglasses
- Contact lenses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.

*Duo Nebulizer Machine & meds Breatly Med.
Micro Chamber BREATING Device
CATN, Antile Braces both feet, Knee Braces*

Qualified Individual with a Disability - An individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the facility.

Reasonable Accommodation - A modification, action, or adjustment that will assist an offender with a disability in the performance of essential functions or that is necessary to prevent an offender with a disability from being excluded from participation in or being denied the benefits of the services, programs and/or activities of the facility or subjected to discrimination by the facility without causing an undue hardship to the facility or to the safety and security of the offender, or any other person

TDD Devices, Videophones, Video Relay Services - Devices and services that assist hearing impaired offenders to communicate through the Offender Telephone Service

Undue Hardship - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature of operation of the business or work performed by or at the facility or creates a direct threat to the health and safety of others. Undue hardship is an extremely high legal standard to establish for a state agency.

REFERENCES

- SOV §51.5-1 et seq., *The Virginians with Disabilities Act*
- 42 U.S.C. §12101 et seq., *Americans with Disabilities Act of 1990*
- Nursing Guideline for Medical & Location Codes*
- Operating Procedure 410.2, *Count Procedures* (Restricted)
- Operating procedure 411.1, *Offender Transportation* (Restricted)
- Operating Procedure 420.1, *Use of Force* (Restricted)
- Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted)
- Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted)
- Operating Procedure 601.4, *Educational Testing*
- Operating Procedure 601.5, *Academic Programs*
- Operating Procedure 601.6, *Career and Technical Education Programs*
- Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*
- Operating Procedure 720.4, *Co-Payment for Health Care Services*
- Operating Procedure 720.6, *Dental Services*
- Operating Procedure 750.3, *Prostheses*
- Operating Procedure 802.1, *Offender Property*
- Operating Procedure 803.3, *Offender Telephone Service*
- Operating Procedure 810.1, *Offender Reception and Classification*

JUN 25 2020

RECEIVED

CAROL F. LUCAS
V. EPA 1080673
Lost Claim
Non Compliance & Stipulated Settlement
Recommendation. IRRP

Exhibit B.H

5

Copy of Stipulated Settlement
Agreement

Whorley et al v. Northam
Case No: 3:20-cv-00255

STIPULATED SETTLEMENT AGREEMENT

This Stipulated Settlement Agreement is entered into by the parties in *Whorley et al. v. Northam et al.*, Case No. 3:20cv00255, currently pending in the United States District Court for the Eastern District of Virginia.

The plaintiffs are twenty-seven individuals incarcerated in the custody of the Virginia Department of Corrections (VDOC): Brooke Whorley, Brenda van Emmenis, Gale Jones, Candace Blankenship, Olivia Ivashin, Lartaija Banks, Alonzo Williams, Ennis Stewart, Felipe Franco, Jesse Davenport, Matthew Mosher, Bruce Harris, Jonathan McMillan, Anthony Vicks, Warren Medley-Green, Antonio Perryell, Da'Von Walker, Warren Brooks, Larog Trowell, Benjamin Fyfe, Michael Sullivan, Courtney Stroble, Dwight Horton, Milton Williams, Frank Fairchild, Timothy Brummett, and Donnie Offenbacher.

The defendants are Ralph Northam, Governor of Virginia; Brian Moran, Secretary of Public Safety and Homeland Security; Harold Clarke, Director of the Virginia Department of Corrections; and the wardens of the following correctional facilities: Virginia Correctional Center for Women, Indian Creek Correctional Center, State Farm Correctional Center, State Farm Enterprise Unit, Haynesville Correctional Center, Coffeewood Correctional Center, Greensville Work Center, Fluvanna Correctional Center for Women, Dillwyn Correctional Center, Caroline Correctional Unit, Deerfield Correctional Center, Patrick Henry Correctional Center, and Augusta Correctional Center. All defendants are named in their official capacities.

The parties to this Agreement believe that, in order to avoid protracted, costly, and time-consuming litigation, it is in their respective interests to resolve the issues in the above-captioned case.

Accordingly, the parties to this Agreement, by and through their respective counsel, jointly stipulate and agree to the following:

1. **Dismissal of Case No. 3:20cv255:** The Plaintiffs shall, by and through their attorneys, cause the Complaint filed in the Eastern District of Virginia, Case No. 3:20cv255, to be voluntarily dismissed, in accordance with the terms of this Agreement, with each side bearing their own fees and costs. The parties consent to the reservation and exercise of jurisdiction by the U.S. District Court over all disputes between and among the Parties arising out of this Agreement.
2. **Dismissal of Harold Clarke from Va. Sup. Ct. Case No. 200551:** Counsel for the Plaintiffs agree to dismiss Harold Clarke, Director of the Virginia Department of Corrections, from the mandamus petition filed in the Virginia Supreme Court, Docket No. 200551. Each side shall bear their own fees and costs.
3. In consideration thereof, Defendants agree to the following:
 - a. **Early Release Plan:** On April 22, 2020, the Virginia General Assembly adopted a Budget Amendment that allows a certain category

BY:
GRIEVANCE OFFICE

RECEIVED
JUN 25 2020

of incarcerated individuals to be considered for discharge from incarceration prior to their scheduled release dates during the Governor's declared state of emergency. The Budget Amendment vests the Virginia Department of Corrections with the authority to make discharge determinations for early release. The Virginia Department of Corrections has developed a policy entitled *COVID-19 Response: Inmate Early Release Plan*, to implement the terms of the Budget Amendment. Pursuant to this Agreement, VDOC agrees to amend or otherwise clarify its existing *Early Release Plan* as follows:

- i. The *Early Release Plan*, as adopted, provides that individuals who have less than 12 months remaining on their sentence will be considered for possible release as long as they have not been convicted of a Class 1 felony or a violent sex offense. Among other eligibility criteria, VDOC also requires that the individual have a viable home plan, which means that—as defined in VDOC Operating Procedure 820.2(VII)(A)(1)—the inmate must be able to provide an address where the individual will be able to live without violating any conditions of a court order (e.g., a no-contact order or order not to reside with minor children), and that will adhere to any lease restrictions in terms of the individuals allowed to live in that residence (e.g., restrictions for subsidized housing). Defendants agree to amend the *Early Release Plan* to provide reference to the home plan criteria defined in OP 820.2(VII)(A)(1), and to specify that any address provided may be verified by a local probation and parole officer, rather than the re-entry counselor normally used under OP 820.2(VII)(A)(1). VDOC will also document that, for the purposes of inmates considered for release pursuant to the Budget Amendment or any COVID-19-related conditional pardon, it is suspending the requirement of OP 820.2(VII)(A)(1), which ordinarily specifies that a home plan will not be verified more than 6 months before the individual's anticipated release date.

- ii. Under the *Early Release Plan*, VDOC is also considering an individual's health condition—along with available community resources—when deciding whether to exercise its discretion to release an inmate pursuant to the Budget Amendment. By "health condition," VDOC specifically agrees to give priority consideration for approval of release to those individuals who have a health condition enumerated by the Centers for Disease Control and Prevention (CDC) as being at higher risk of health complications if that individual were to contract COVID-19.

- iii. Pursuant to this Agreement, VDOC agrees to amend its existing *Early Release Plan* to specify that it will make all

BY:
GRIEVANCE OFFICE

RECEIVED
JUN 25 2020

⤴ This has not been
addressed to ME. I meet
all requirements of
this. Yet my individual
Health Condition has
not been given priority
consideration due to the
severity of my illnesses
that are disabilities
Per Bkic 801.3

There is no language here
saying I must be 1 year or
less. Therefore my reasonable accommodation request must be heard to participate 7

reasonable efforts to review eligible individuals prior to the expiration of the declaration of emergency. If the agency elects not to exercise its discretion to discharge an individual who was potentially eligible for release under the *Early Release Plan*, that inmate will be notified of the decision not to release by written document providing the reason that the inmate is not being released, which will be mailed to the inmate within 48 hours of the final decision not to release. The individual will also be provided with information about requesting a COVID-19-related conditional pardon, in accordance with part 3(b), below.

- iv. VDOC agrees that it will exercise its authority to consider the review and release of eligible individuals on a rolling basis, meaning VDOC will consider those who are or become eligible for release at any point during the period of the emergency declaration, or any emergency declaration that meets the conditions of the Budget Amendment, not just those who became eligible at a static time period when the policy was adopted.
- v. VDOC has disseminated to all incarcerated individuals and staff information about the *Early Release Plan* and requirements for eligibility, and will continue to make such information available as updates or changes may occur. The informational materials include an appeal document that the inmates may use to address disagreements or concerns with their calculations, scores, or assessments on particular criteria described in VDOC's *Early Release Plan*.
- vi. VDOC also agrees to update its COVID-19 webpage to report, on a daily basis, the number of individuals who have been released under the Budget Amendment.
- vii. For the duration of this Agreement, Counsel for the Defendants shall report to the Court and Counsel for the Plaintiffs, on a weekly basis, as follows: (1) the number of individuals reviewed for release; (2) the number of individuals granted release; and (3) the number of individuals denied release.
- viii. VDOC agrees that, if the state of emergency expires, it will continue to review individuals with less than a year remaining on their sentence over the following ninety (90) days to determine whether they might be eligible for release in the event that there is a subsequent declaration of emergency that would revive their authority to release individuals from incarceration under the *Early Release Plan*.

RECEIVED

JUN 25 2020

By: GRIEVANCE OFFICE

- b. **Conditional Pardons:** The Office of the Secretary of the Commonwealth reviews all pardon petitions on an individual basis so that unique circumstances surrounding an individual's case may be considered. This allows for the Secretary and Defendants to expedite petitions as deemed appropriate, including the processing of conditional pardons requesting release because of the COVID-19 pandemic. Defendants represent and warrant that the Office of the Secretary of the Commonwealth is actively identifying and expediting consideration of petitions that reference medical concerns both related and unrelated to the COVID-19 pandemic.

There are currently no eligibility criteria or restrictions for conditional pardons; petitioners should provide all relevant information, including any medical conditions or other specific health concerns that would factor into the consideration of their petition for clemency. The Defendants and the Office of the Secretary of the Commonwealth agree to prioritize conditional pardons at this time, in order to expedite petitions from individuals currently incarcerated.

Defendants represent and warrant that the Office of the Secretary of the Commonwealth has agreed to consider conditional pardons relating to the COVID-19 pandemic even if the requestor had a previous, unrelated pardon request denied within the preceding 2 years, a factor that would normally result in the automatic denial of the successive petition. Any individual who has a request for clemency currently pending review may supplement their existing application with new information regarding medical conditions or concerns related to the COVID-19 pandemic. By way of this agreement, Defendants agree to provide the Office of the Secretary of the Commonwealth with any assistance that they might need to complete expedited consideration of conditional pardons requesting release because of the COVID-19 pandemic, including—but not limited to—making sure that information about any new procedures is disseminated to inmates within the custody of VDOC.

- c. **Grievances:** Defendants agree to provide written guidance to the grievance coordinators at VDOC facilities, instructing them to prioritize for review any grievances alleging delay in medical assessment or treatment related to COVID-19, as well as any grievances regarding failure to abide by COVID-19-related policies and protocols, such as deficiencies in personal protective equipment ("PPE"), sanitation, or access to personal hygiene or cleaning supplies. Defendants agree to share the proposed written guidance with counsel for Plaintiffs prior to its dissemination. For purposes of this agreement, "grievance" includes both informal complaints and regular grievances. If an inmate complains of symptoms related to COVID-19, a supervisor should meet with the inmate immediately to initiate the

RECEIVED

JUN 25 2020

By: _____
GRIEVANCE OFFICE

process of referring the inmate to a medical provider for screening. If the supervisor does not believe the reported symptoms qualify for COVID-19, and the inmate disagrees, then the inmate should immediately file an emergency grievance, which will be responded to by a medical provider. Defendants shall continue to document the dates and times of all sick calls and emergency grievances related to medical concerns, the inmate's reported symptoms, the dates and times the inmate is seen by medical professionals, and the outcome, to allow for tracking of the response to complaints of COVID-19 symptoms.

- d. Medical Co-pays: Defendants agree to continue, for the duration of this Agreement, the suspension of co-pays for all sick calls, health-related emergency grievances, and medical assessments to ensure cost is not a deterrent to seeking medical care.
- e. Testing: Defendants will continue to work with the Virginia Department of Health (VDH) and local health departments to procure and allocate as many tests as possible to VDOC facilities, prioritizing the testing of inmates and staff in VDOC facilities identified by VDH as "outbreak" locations. Defendants agree to report to Plaintiff's counsel, every week, the total number of VDOC inmates tested during the preceding week.
- f. Hygiene and Sanitation: VDOC agrees to continue providing all inmates with enhanced access to showers and handwashing opportunities, as well as providing up to two bars of soap per week, free of charge. In accordance with their existing COVID-19 sanitation plan, Defendants shall also continue to require high interval sanitation of all equipment of common usage at all facilities, such as tables and chairs, telephones, video screens, gym equipment, bathrooms, vending machines, microwaves, laundry machines, keyboards, remote controls, and doors. Defendants also agree to continue providing access to cleaning supplies for each housing area, including in quantities sufficient for each inmate to clean and disinfect the floor and all surfaces of their housing unit or cell.
- g. Laundry: VDOC shall continue to ensure that the facemasks that have been provided to inmates are laundered daily, and all inmates have access to enough clean clothing to allow them to change clothes on a daily basis. VDOC further agrees that, during the duration of the Agreement, the laundry schedule for bedding shall be amended so that bed linens are laundered twice per week, rather than once per week.
- h. PPE: Defendants will continue to ensure that all correctional staff are informed about the types of PPE required to perform the various staff functions; the proper donning, removing, and disposal of PPE; the appropriate receptacles for disposal of PPE; and an explanation of the

BY: GRIEVANCE OFFICE

JUN 25 2020

RECEIVED

related rationale. Defendants shall also continue to communicate expectations around the frequent sanitizing of correctional staff equipment, such as restraints, handcuffs, and other equipment potentially used on multiple inmates.

- i. **Staffing & Inmate Housing:** Defendants agree to continue to restrict the movement of staff from facility-to-facility and building-to-building within facilities, to the greatest extent possible, to minimize the risk of virus transmission by staff. Defendants shall also continue to restrict the transfer of inmates from facility-to-facility unless necessary to transport an inmate for security reasons and/or a pending court appearance. Defendants shall continue to require all staff to wear appropriate PPE when entering an area housing individuals who are suspected or known to have tested positive for COVID-19, and to change their PPE, in compliance with applicable CDC and VDH guidance, when leaving those housing units to limit the risk of exposure to and transmission of the virus. Staff shall document when they enter and leave specific facilities or housing units so that their movements can be retraced in the event of infection. Staff shall wear appropriate protective items at all times in facilities where infection has been confirmed.
- j. **Inmate Education:** VDOC shall continue to educate inmates on the COVID-19 pandemic by providing information about the pandemic, symptoms, virus transmission, and how to protect oneself from the virus. VDOC staff shall continue to post signage and information in common areas that provide (1) general updates and information about the COVID-19 pandemic; (2) information on how inmates can protect themselves from contracting COVID-19; and (3) instructions on how to properly wash hands. Among other locations, signage must be posted in every housing area.
- k. **Confidential Attorney Communications:** VDOC shall continue to ensure that inmates, including those in medical isolation or quarantine, will be provided the opportunity to conduct confidential legal calls, at no cost to the inmate, through the inmate telephone system, and shall continue to require that the facility disable the automatic recording system to ensure that the legal call is not recorded. Such calls shall be permitted to be of sufficient duration to discuss confidential legal matters. Defendants agree to provide written guidance to VDOC facilities requesting that the facilities expedite any request to add an attorney phone number to the automatic block list, which will serve as an additional safeguard to ensure confidentiality of the attorney-client communication. Such guidance will also provide that a request to add an attorney phone number to the automatic block list may be made by an inmate or an attorney. If the facility's telephone provider is causing a delay greater than 48 hours in adding attorney phone numbers to the

RECEIVED

JUN 25 2020

By: GRIEVANCE OFFICE

block list, the facility shall provide interim access to confidential legal calls by another avenue appropriate in that facility.

1. **Language Assistance:** VDOC agrees to provide language translation services or other accommodations, as necessary, for incarcerated individuals who may not be able to otherwise access any of the written materials discussed in this section.
4. Plaintiffs' counsel shall have reasonable access to the documents and information necessary to properly evaluate whether Defendants are complying with the provisions of this Agreement. Defendants agree to provide counsel for the Plaintiffs with access to policies, procedures, plans, regulations, rules, guidance, or directives implementing the terms of this Agreement. Defendants agree that if there is a material change to the terms of their existing COVID-19 policies and procedures, including but not necessarily limited to the specific policies discussed above, those changes shall be communicated to counsel for the Plaintiffs. The parties shall cooperate as best as possible to accommodate any additional requests for documents and information by Plaintiffs in a timely manner, without unduly burdening Defendants. If the Parties fail to agree, either party may contact Judge David Novak and request mediation of the dispute.
5. In the event that either party fails to substantially comply in some significant respect with this Agreement, counsel shall provide a written statement describing the alleged non-compliance. ("Notice of Substantial Non-Compliance"). The other party shall provide a written response to the Notice of Substantial Non-Compliance within five (5) calendar days from receipt of that Notice. Within five (5) calendar days of receipt of the written response, the parties shall confer in a good faith effort to resolve their dispute informally.
6. In the event that a Notice of Substantial Non-Compliance cannot be resolved informally, counsel for the parties shall request that Judge David Novak mediate the dispute. In the event that Judge Novak is no longer available, the parties shall jointly request the assignment of another Judge or Magistrate Judge. If the dispute has not been resolved through mediation in conformity with this Agreement within 20 calendar days, either party may file a motion to enforce the Agreement in the District Court.
7. Parties to this Agreement are not required to exhaust administrative remedies under 42 U.S.C. § 1997e(a) in order to seek relief pursuant to this Agreement. For all other individuals, a Notice of Substantial Non-Compliance in this matter shall not constitute a substitute for the exhaustion of administrative remedies requirement set forth in 42 U.S.C. § 1997e(a).
8. **Reservation of Jurisdiction:** The parties consent to the reservation and exercise of jurisdiction by the United States District Court for the Eastern

RECEIVED
JUN 25 2020

y: GRIEVANCE OFFICE

District over all disputes between and among the Parties arising out of this Agreement. In the event the Court finds that either party has not complied with the Agreement, the Court may: (1) require the allegedly breaching party to submit a plan to remedy the deficiencies identified by the Court; (2) require the parties to mediate the dispute, which may result in entry of a supplemental or modified settlement agreement; (3) upon motion of the non-breaching party, declare the settlement agreement null and void; or (4) engage in any other such actions as the Court might deem appropriate to resolve the pending dispute.

9. **Duration of Agreement:** The parties agree that the Court shall retain jurisdiction to resolve issues arising from implementation of this Agreement, in accordance with paragraph (8), above, until such time as the Court determines that its implementation is no longer necessary, after taking into consideration the spread of the virus in VDOC facilities, the impacts of contamination on the inmate population, and mitigation efforts.
10. **No Admission of Liability:** Plaintiffs acknowledge that this Agreement does not constitute an admission by the Defendants of any: (a) liability; (b) violation of any federal, state or local statute, law, regulation, order or other requirement of law; (c) breach of contract, actual or implied; (d) commission of any tort; or (e) other civil wrong.
11. **Virginia Law Applies:** This Agreement shall be deemed to have been made within the Commonwealth of Virginia and shall be interpreted, construed and enforced in accordance with the laws of the Commonwealth of Virginia.
12. **Attorney's Fees:** The prevailing party may be entitled to an award of attorneys' fees in any action commenced to enforce this Agreement or any provision therein.
13. **Severability:** If one or more provisions of this Agreement shall be ruled unenforceable or void, the parties may enforce the remainder of this Agreement.
14. **Non-Waiver:** Failure of either Party to enforce any provision of this Agreement shall not be construed as a waiver of that or any other provision.
15. **Voluntary Agreement:** The parties have had an opportunity to consult with an attorney before signing this Agreement. The Plaintiffs acknowledge that, in signing this Agreement, they relied only on the promises set forth in this Agreement and not on any other promise made by the Defendants. This Agreement has been entered into freely, knowingly, and voluntarily and not as a result of coercion, duress, or undue influence.
16. **Entire Agreement:** This Agreement constitutes the entire understanding and agreement between the Parties hereto with respect to its subject matter. This Agreement supersedes all other understandings, agreements, communications

RECEIVED

JUN 25 2020

By: _____
GRIEVANCE OFFICE

or negotiations (whether written or oral) between the Parties hereto with respect to such subject matter. Each party represents, warranties, and covenants that it has the full legal authority to enter into this Agreement and to perform the duties and obligations arising under this Agreement.

17. **Written Amendment Required:** This Agreement may not be amended, changed or altered, except by a writing signed by the Parties.
18. **Binding Obligations:** This Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors, assigns, estate, heirs and personal representatives.
19. **Counterparts:** This Agreement may be executed in counterparts or with electronic signatures, and if so executed each such counterpart shall have the force and effect of an original. A facsimile or copy of an original signature transmitted to the other Party is effective as an original document.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year written below.

Entered:



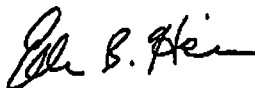
Elliott Harding
Harding Counsel, PLLC
608 Elizabeth Ave.

Charlottesville, VA 22901

Tel: (434) 962-8465

Email: hardingcounsel@gmail.com

5/11/2020
Date



Eden Heilman
Vishal Agraharkar
Nicole Tortoriello
Jennifer Safstrom
ACLU FOUNDATION OF VIRGINIA
701 E. Franklin St., Suite 1412
Richmond, VA 23219
Tel: (804) 523-2152
Email: eheliman@acluva.org
vagruharkar@acluva.org
ntortoriello@acluva.org
jsafstrom@acluva.org

Counsel for Plaintiffs

May 11, 2020
Date

RECEIVED

JUN 25 2020

By: _____
GRIEVANCE OFFICE



5/11/2020

Date

Margaret Hoeft O'Shea
Office of the Attorney General
Criminal Justice & Public Safety
Division 202 North 9th Street
Richmond, Virginia 23219
(804) 225-2206
Email: moshea@oag.state.va.us

Counsel for Defendants

RECEIVED

OFFICE OF THE ATTORNEY GENERAL

CRIMINAL JUSTICE & PUBLIC SAFETY

VDP# 108073

Lost Claim

Non Compliance To Stipulated Agreement

Discrimination Test

~~Exhibit~~

Exhibit

#

6

Memorandum

COVID19 Inmate Early Release Plan Information



COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE
DIRECTOR

Department of Corrections

P. O. BOX 26963
RICHMOND VIRGINIA 23261
(804) 674-3000

April 26, 2020

MEMORANDUM

RECEIVED

JUN 25 2020

To: Inmate Population
From: Harold W. Clarke
Director of Corrections
Subject: COVID-19: Inmate Early Release Plan Information

By: GRIEVANCE OFFICE

I wish to inform you of the Inmate Early Release Plan (IERP) developed by the Virginia Department of Corrections (DOC). Legislation passed this week by the General Assembly authorizes the Director of Corrections to discharge certain offenders who meet eligibility criteria, prior to their scheduled release date. This authority is temporary and is only in effect during the state of emergency declared by Governor Northam related to the COVID-19 pandemic, which expires June 10, 2020. The Governor may choose to extend the duration of the state of emergency.

DOC's Offender Management Services (OMS) is managing the decision process. A review of all eligible inmates is already underway and there is no action needed on your part. Staff will meet with eligible inmates approved for release on an individual basis.

The eligibility criteria and decision process are contained in IERP. You will receive access to the plan through J-Pay, bulletin boards, and other communication options used at your facility on April 27, 2020.

After you have read the IERP and reviewed the specific criteria for eligibility, staff will be available to answer your questions and discuss your specific circumstances. They will provide you an appeals form at your request if you are not being considered and believe you are eligible.

Your families and other concerned citizens can access this information on the VADOC COVID Information Webpage. <https://vadoc.virginia.gov/news-press-releases/2020/covid-19-updates/>.

The Unit Head will review appeal forms received from inmates. If it is determined you do not meet the criteria, the Unit Head will notify you. If the Unit Head agrees that you meet the criteria, your appeal will be forwarded to the DOC OMS and Director of Corrections for final review. You will receive a copy of the final decision.

cc: Executive Team
Regional Administrators
Jim Parks, Offender Management Director

Capel F. Lucas
Vest # 1030673
For Claim
Now Compliance to stipulated document
Exhibits

Exhibit

7

Reasonable Accommodation Request

VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request #01, PG 2-1

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

| | | | | |
|--------------------|--------------------|--------------|---------|-----------|
| YOUR LAST NAME | FIRST | MI | NUMBER | BLDG/CELL |
| LUCAS | CASEL | F | 1080673 | 2-A-38-B |
| WORK ASSIGNMENT | ASSIGNED COUNSELOR | TODAY'S DATE | | |
| 2-A Unit Custodian | Ms. Robinson | 1 July 2020 | | |

TO: ☐ Unit Manager
☐ Treatment
☐ Chaplain

☐ Medical
☐ Mental Health
☐ Assistant Warden

☐ Personal Property
☐ Education
☐ Warden

☐ Law Library
☐ Enterprise Shop
☒ Other

☐ Security
☐ Accounting

CHECK PURPOSE

☐ Appointment Request☒ Question/Statement

Reasonable Accommodation Request: I am Disabled Veteran with Disabilities
 I am a inmate with 15 military Disabilities that I am Service Connected
 for receiving 30% Rating from the Veterans Affairs Board Veterans Appeals and
 The Court of Appeals for Veterans Claims Certification 1) PTSD Mental Illnesses
 2) Depression, 3) Anxiety, 4) Ant. Personality Disorder, 5) Post-Traumatic Stress Disorder, 6) Degenerative Joint Disease both knees, 7) Hip Joint
 Left & Right Hand, 8) Chronic Respiratory Illness & Acute Respiratory Disease
 9) Diabetes.

My Request is to be Able to participate in IERP
 Release Program due to my Chronic Disabilities.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☒ Yes ☐ No; Routed to:

Date:

You will need to speak to your Counselor.

RECEIVED

JUN 25 2020

RECEIVED

JUN 25 2020

By: GRIEVANCE OFFICE

Offender seen ☐ Yes ☒ No

Official Responding

Date of Response



COMMONWEALTH OF VIRGINIA

Department of Corrections

*Division of Operations
Eastern Region*

Gregory L. Holloway
Regional Operations Chief

14545 Old Belfield Rd
Capron, VA 23829
(434) 658-4368

July 20, 2020

C, Lucas 1080673
Haynesville Correctional Center
P.O. Box 129
Haynesville, Virginia 22472

Dear C. Lucas:

I received your correspondence on July 17, 2020 regarding the status of HCC-20-REG-00046. According to CORIS, the Level I grievance response was sent back to you on July 13, 2020.

Your concerns are important. You will need to contact the institutional ombudsman, R, Brown, at your facility for additional questions.

Sincerely

A handwritten signature in black ink, appearing to read "K Cosby".

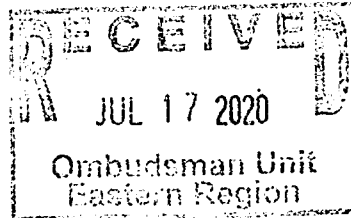
K Cosby, Regional Ombudsman
Eastern Regional Office

/kwc

cc: File

CASE 1 F. NICAB
VBP# 1080673
7-B 17 HCC
421 ~~Bennfield~~ Road
Naypsville VA 22472

10 June 2020



Regional Ombudsman
K. Casey.

RE: This Grievance has Not been answered
IN the 866.1 Time allotted.
HCC-20-Reg-~~00045~~
00046

MB. Brown The Institutional Ombudsman
has intentional ~~delayed~~ the process of this
Grievance. ~~There are 5 days~~ from the date on the Grievance
letter it I can't effectively file an appeal
~~to your office~~ without the Original with
Response.

I am now past the date to file my appeal
to your office due to MB. Brown's Negligence
and Interference with the Fair Process.

I am currently in Isolation due to
Quarantine of COVID19. I want to My hospital apt.

At VCU. I Received Your letter Date
2 July 2020 On 10 July 2020.
Friday Night.

My first letter to you was not about the issue
2) of HCC-20-REF-00046.

It was about these issues of

2) HCC-20-INF-01192 Intake Decision

3) HCC-20-INF-01191 Intake Decision.

Please ADDRESS this Refusal of intake of
HCC-20-INF-01192 ~~and~~ Reasonable Accommodation Request Appeal.
HCC-20-INF-01191 ombudsmen failed to comply with the
a) stipulated agreement.

I followed every policy correctly. You somehow Misunderstood
Everything therefore again I am Resubmitted these Intake Decisions.

I am Also Notifying you of the Not Receiving my
Grievance answer as I should have on the due
Please do the right thing.

Sincerely
Carol J. Owen

I Am in Isolation. 7B17 because I went to the hospital
on 11/11/20 and I have a positive COVID-19 test result.